

# TOWN OF HUNTINGTON



## BACKPACKS FOR SUCCESS PROGRAM 2024

Grades K-12

Applications available online at <https://www.huntingtonny.gov/backpacks>

### Deadline Date: May 31, 2024

Parent/Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

Have you applied for a backpack from another organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the organization? \_\_\_\_\_

Are you receiving any Public Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please circle:

Medicaid Aid to Dependent Children (ADC) Food Stamps Unemployment Other \_\_\_\_\_

Applicable Case Number: \_\_\_\_\_ Annual Household Income: \$ \_\_\_\_\_

Is applicant a foster child? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state Case # \_\_\_\_\_

Childs Name	Boy/ Girl	Age	Grade <b>ENTERING</b> September 2024	Name of School

### Applicant's Declaration:

I, \_\_\_\_\_, the parent/guardian of the above referenced child(ren), declare that we are residents of the Town of Huntington.

I declare, subject to penalties of perjury that the statements made in this application are true and correct.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

**Please return completed application to: Kevin Thorbourne, Director of Minority Affairs  
Town of Huntington  
423 Park Avenue  
Huntington, New York 11743  
Tel: 631-446-3732**

This application will be shared with other organizations to avoid duplication of services.

Name of organization/individual who is submitting this application: \_\_\_\_\_

**We will make every effort to provide approved applicants with a backpack.**

**\*\*\*Applications will be based on first come first serve\*\*\***

Aplicación en español al reverso