

TOWN OF HUNTINGTON



BACKPACKS FOR SUCCESS PROGRAM 2025

Grades K-12

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

Deadline Date: May 30, 2025

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 ENTERING September 2025	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