



ELIGIBILITY FORM 2024/2025

The program that you are registering for is supported, in part, by grant funds. The information requested helps **Your Perfect Footwear Foundation** provide much needed resources to our Participants and ensure future funding. This information is confidential. Information received via this form regarding individuals is not made public in any way.

Please Complete Application in its entirety! **Date:** _____

Parent(s)/Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Race: _____ (optional disclosure)

Individual filling out Application: Mother _____ Father _____ Guardian _____ Agency _____

Total Annual Family Income: _____

Head of Household: ___ YES ___ NO Single: ___ Married: ___ Divorced: ___ Widowed: ___

Referring Agency (if applicable): _____

Name of Participating Child: _____

Age of Child: _____ DOB: _____ Shoe Size: _____

Name of Childs School: _____

What are the top 3 activities Participating Child like to do or wants to become a part of?

Signature of Parent/Guardian: _____

OFFICE USE ONLY

Does Student meet eligibility: ___ YES ___ NO

Team Member approving application: Print Name & Date

Signature _____