

Holiday Assistance Program Application

IMPORTANT: This program assists families in need, in the Wiesbaden military community with food baskets during the Holiday season and children's gifts for Christmas. The Commander's signature validates the need and certifies acceptance in the program. One application per Family please. Please do not submit families without their knowledge and consent; inform the family that the Service member or the Spouse must be available to **pick up during the allocated dates (16-22 Nov, 15-22 Dec)**. Please indicate an age-appropriate gift each child in the family may wish to receive – many of the generous donors who purchase the gifts try to grant the children's specific wishes.

RANK/PAY GRADE: _____ NAME: _____
FIRST LAST

Cell Phone: _____ Duty Phone: _____

Unit: _____ E-mail: _____

Assistance Requested for: Thanksgiving Christmas Both

Name, Rank of Commander or 1SG: _____ Duty Phone: _____

Signature of Commander or 1SG: _____

Married Single Parent Dual Military Expecting Parent

Number of dependent children: _____ (up to age 18) Due Date: _____

1. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

2. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

3. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

4. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

5. AGE: _____ GENDER: _____

WISH GIFT: _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____ DIAPER SIZE: _____

