



Offering hope and assistance...

920-226-0903 || Email: info@elkhartcares.org

Mailing: P.O. Box 537, Elkhart Lake, WI 53020

ElkhartCares Reading Program Household Application

This application should be filed out by the **head of household** for children interested in the ElkhartCares Reading Program

Submit **all** Individual Application(s) with ElkhartCares Reading Program Household Application.

Today's Date: _____

First Name: _____ Last Name: _____

Physical Address: _____

Mailing Address (if different): _____

Cell Phone: _____ Email: _____

Have you filled out an ElkhartCares Application for Assistance?: _____

Name(s) of child applying for ElkhartCares Reading Program (please complete an Individual Application for each child interested in the reading program):

Do any of the children listed struggle academically? Are their resources ElkhartCares could provide to help achieve academic success?: _____

Are there any extracurricular activities (athletics, academic, musical, technology, etc.) your child enjoys that they are not involved in due to cost?: _____

Do you have a desktop computer? Can children access it?: _____

Do you have wifi? Can children access it?: _____

What forms of technology do your children have access to daily?: _____

In the space below, please add any needs that were not addressed above or details you feel ElkhartCares should be aware of.

Please Include ElkhartCares Reading Program Individual Application for EACH CHILD as well as this application.