

Rocklin Police Department 4080 Rocklin Rd. Rocklin, CA 95677

Chad Butler, Chief of Police

SHOP WITH A COP 2019

Recipient Application

| Child's Information | | |
|---------------------|--------------------------------------|---------------|
| | Last Name, First Name and | Middle Name |
| Home Address | | |
| | Street Address, City and Zip C | Code |
| School | | Grade |
| Teacher Name | | |
| Parent(s) Name | | |
| | Father's Name | Mother's Name |
| Siblings 1 | | |
| 2 | | |
| 3 | | |
| 2 | | |
| | Include Name, Age, School, and Grade | |
| Telephone Number | | |
| | Home Number | Cell Number |
| Email (Parent's) | | |

Please do not tell the nominee of the nomination so it can be a suprise if they are selected. If selected we will be supersing them with new shoes so, if possibe, please let us know the shoe size below.

Shoe Size:____



Reason for Nomination

Please describe why this child should receive benefits from the "Shop With a Cop" program. Criteria should include, but is not limited to: recipient's overall need, academic performance/improvement (or sustained performance), positive changes in behavior, commitment to withdraw and/or abstain from gang activity, comments from parents and community members, or community achievement(s).

Please fill in the below area. If you need additional room, please feel free to attach additional pages to this document.



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| Nominator's Name | | | | |
|---|------------------------------------|--------------------|--|--|
| | Last Name, First Na | me and Middle Name | | |
| Mailing Address | | | | |
| | Street Address, City a | and Zip Code | | |
| Telephone Number | | | | |
| | Home Number | Cell Number | | |
| Email | | | | |
| Answers for questions below may be typed and attached to the application. | | | | |
| Relationship to proposed recipient | | | | |
| How was the propose | d recipient brought to your attent | ion? | | |

Ideas or suggestions for the proposed recipient's needs? (clothing, shoes, etc.)