	Jesus Can Ministry				Family Number(s):	
	"When No one Else Can Jesus Can"				Internal Use Onl	
Please return application	by email or mail by Nove	mber 30, 2	024			
Jesuscanministry06@gma	il.com Jesus Can Mir	nistry, 110 I	Marbury Lane,	North Augusta,	SC, 29860	
Applicant's Name (Parent,	Legal Guardian):					
			First	Middle	Last	
				Have you re	eceived assistance before? Y N	
Telephone	Martial Status	Spou	se Name	if so, what y	/ear(s)	
Email Address:						
HAVE YOU APPLIED FOR A	ASSISTANCE WITH ANY O	OTHER AGE	NCY, CHURCH,	OR ORGANIZA	TION? YES NO	
					ality and quantity of gifts is ther church and/or organization, I ease this information to another	
Signature			Da	ate		
					Circle one: Full-Time	
Employer			ng employed?		Part-Time	
Full Name:			der for assistand		0:	
Wish List/Interest: (include c		п / воу	Age	Relationship	J	
Full Name:	Gi	rl / Boy	Age:	Relationshi	0:	
Wish Lis/Interest: (include cl		, -,	0-			
Full Name:	Gi	rl / Boy	Age:	Relationshi	o:	
Wish List/Interest: (include c	lothes and shoe size)					
Full Name:	Gi	rl / Boy	Age:	Relationshi	0:	
Wish List/Interest: (include c						
	Li	ist of Teens ag	es 13-16			
Full Name:	Gi	Girl / Boy Age: Relationship:				
Size:		Interes	t:			
Full Name:	Gii	rl/Boy Age:	Rela	tionship:		
Size:		Interes	it:			

Please use back of form if more room is needed