



2022 Santa's Castle Shopping Application



Santa's Castle is for Soldiers suffering financial hardship who cannot provide toys for their child(ren) during the Holidays. It is **NOT** intended as a supplement.

APPLICANT: This section to be filled out by the Soldier applying for use of Santa's Castle. Please print: Incomplete or illegible applications will **NOT** be processed.

APPLICATION DUE: November 4, 2022

Name Last: _____ First: _____ MI: _____ Rank: _____

Brigade: _____ Battalion _____ Company/Troop _____

Unit Phone: _____

Do you live on Post? _____ Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ (IF approved, the shopping pass will be emailed to this address/ please make sure it is legible!)

Spouse's Name: _____ Dual Military? _____ Rank _____

Spouse's Employer/Unit: _____ Phone: _____

Children: Legal dependents 15 years & younger **living in your household**. These dependents must be enrolled in DEERS under the applicant's SSN. **A copy of the Soldier's DEERS statement must be attached to this application (screen shot is sufficient)**. Please include additional special considerations such as developmental age or special needs, as well as your child's interest. If additional space is required, use the back.

Child's Name

Age

- | | | | | | |
|----------|-----|-------|----------|-----|-------|
| 1. _____ | M F | _____ | 4. _____ | M F | _____ |
| 2. _____ | M F | _____ | 5. _____ | M F | _____ |
| 3. _____ | M F | _____ | 6. _____ | M F | _____ |

REASON: Please provide a detailed summary of why you have a need for our services. **More space will probably be needed, so you can include an additional sheet of paper with your explanation.** (For example, emergency medical/dental bills, unexpected PCS move expenses, unexpected car/home repair, death in the Family, wage garnishment/no pay due. ***Deployment or single income household alone is not justification for assistance.)

Have you shopped at Santa's Castle before? _____ Where? _____ Year? _____

Is the soldier currently or recently deployed? (please circle) Y N

Shopping Time that I prefer: (please circle) Daytime or Evening

I believe that I meet the guidelines provided by Santa's Castle. I will shop at the designated appointment time. I understand that my spouse may shop on my behalf with the appointment slip and a Dependent Military ID card. I understand that if my application is approved, the shopping pass, which will include the shopping time and date, will be sent to the email address provided. I understand that a single family income does not automatically justify receipt or services from Santa's Castle. I understand that Santa's Castle can only be used for 2 consecutive years and after only with an exception of policy. **Applications should be dropped in the mail slot at Santa's Castle.**

Signature of Applicant: _____ Date: _____

FOR USE BY SANTA'S CASTLE:

APPROVED: _____ DECLINED Why: _____

Date/Time for Appointment: _____ SC Rep. Initials: _____



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APPROVED: _____ DECLINED Why: _____

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