



Blue Santa Application City of Lake Jackson

Today's Date: _____

Parent/ Guardian Last Name: _____ First Name: _____

Address: _____ City: _____

Cell #: _____ Home #: _____

Email: _____ (REQUIRED)

List the names of all other adults living in this household:

Have you ever been helped by Blue Santa in the past? (YES) (NO)

If YES, when? _____

Are you receiving assistance for Christmas from another source? (YES) (NO)

If YES, what source? _____

All applicants will be screened and other resources will be checked for duplications.

All duplications will be removed from the City of Lake Jackson Blue Santa program. Blue Santa will only provide assistance for the children living in your household up to age 18 that reside inside the city limits of Lake Jackson. You are only eligible for Blue Santa assistance every third calendar year. You will be contacted by the Blue Santa program once your application has been verified and approved. If you are not selected to receive assistance from the Blue Santa program, you will receive an email notifying you. **If we are unable to contact you by the information provided you will be removed from the list.**

Child's Name and Age	M/F	School and Grade	Child's Wish List Please be as specific as possible. NO ELECTRONIC DEVICES, PLEASE