

The Carrie Elmore Award Application

The Carrie Elmore Award was established with the Surry County Schools Educational Foundation in 2011 in honor of Carrie Elmore. Carrie Elmore was a student at Central Middle School who passed away in October 2012, at eleven years old, after battling Ewing Sarcoma since the age of five.

This award was established as a result of a Senior Graduation Project by Courtney Scott, Carrie's cousin. It consists of \$500.00 to help grant the wish of a child in grades K-8 in Surry County Schools with a chronic or terminal illness. Children may fill out the application which will need to be signed by a parent or guardian. All applications must be turned in no later than **May 1, 2019.**

If you have any questions or would like help completing this form, please feel free to call Ashley Mills at 336-386-8211.

Please print in black or blue ink.

1. _____
FIRST NAME MIDDLE INITIAL LAST NAME

2. ADDRESS STREET CITY STATE ZIP

3. MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP

4. TELEPHONE NUMBERS:

HOME: () _____
WORK: () _____
OTHER: () _____

5. Do you have trouble speaking, reading or writing English? ___YES ___NO

If "YES", what alternate language do you need? _____

6. Do you need an interpreter? ___YES ___NO

If "YES", what language do you speak? _____

11. If any child is NOT a citizen, please answer the following:

Date child arrived in U.S. _____

Does the child have a sponsor? _____ YES _____ NO

12. List any other adults in the household:

13. Is any other child in your household disabled? _____ YES _____ NO

If "YES", who? _____ Age _____ Disability _____

14. Does Parent/Guardian pay for childcare when employed: _____ YES _____ NO

If "YES", how much do you pay each month? \$_____.

15. Does Parent/Guardian pay for someone to care for a disabled dependent adult when employed?

_____ YES _____ NO If "YES", how much do you pay each month? \$_____

16. Does Parent/Guardian pay court ordered child support for a child not living in your home?

_____ YES _____ NO If "YES", how much do you pay each month? \$_____

17. Please describe below your child's desired wish that they would like
The Carrie Elmore Award to help them achieve financially:

Child's clothing and shoe size: _____

Child's interests/hobbies: _____

Parent/Guardian Signature: _____

Telephone Number: _____

Declaration and Signature: I have read and understand the questions in this application. I declare, under penalty of perjury, that the information I have provided is true, complete, and correct to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE _____

The future of The Carrie Elmore Award is contingent upon available funds.