

VARIETY PROGRAM APPLICATION

11840 Westline Industrial Dr • Suite 220 • St. Louis, MO 63146
TELEPHONE 314-720-7700 FAX 314-801-8735

Upon submission of this application, you will begin to receive monthly Variety Family e-newsletters as well as information on Variety events, programs, and support resources.

Child's Information

Child's Name: _____

Birth Date: _____ Male/Female: _____

Child's Primary Diagnosis:

Additional Diagnoses:

Parent/Guardian's Information

Primary Guardian(s): _____

Relationship to child: _____

Primary Address: _____

City/State: _____ ZIP: _____

County: _____

Telephone: _____

Email: _____

*Your response to the following question is optional and will not affect the status of your application. The information requested is useful to St. Louis Variety in grant applications and other activities seeking additional funding for our assistance programs.

What is your child's race/ethnicity:

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic or Latino or Spanish origin	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Some Other Race	<input type="checkbox"/> Multi-Racial

School Child Attends: _____ **School District Child Attends:** _____

How did you hear about Variety? _____

What Variety program(s) are you interested in? _____

Parent or Guardian Signature: _____

Printed Name: _____

Completed applications can be:

Mailed: 11840 Westline Industrial Dr, STE 220, St. Louis, MO 63146.

Faxed: 314-375-9559

Emailed: Robin@VarietySTL.org