



N.I.C.K. SERVICES CHILDREN SPONSOR REQUEST FORM

Date:
Childs Name:
Childs Age:
Program:

Parents Name:
Parents Email:
Parents Phone #:

Address:

Person or agency who referred the child:
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Reason for sponsorship:

Approval of N.I.C.K Board:
Approval of Program:

Please fill out and return application to a program director, any N.I.C.K board member or email it to nickservinc@gmail.com. Once received, your child's application will be reviewed by the Board of Directors. If you need more information, you may call or text 717-926-2488 or 717-507-0363.

Kind Regards,

N.I.C.K Services