

Roseville Police Department 1051 Junction Blvd Roseville, CA 95678

Daniel Hahn, Chief of Police

RPD 27 / 8-11

SHOP WITH A COP

Recipient Application



| Child's Information | | | | |
|---------------------|---|--------------------------------------|------------------------|---------------|
| | | Last Name, F | rst Name and Middle Na | me |
| Home Address | | | | |
| | | Street Address | , City and Zip Code | |
| School | | | Grade | |
| Teacher Name | | | | |
| Parent(s) Name | | | | |
| | | Father's Name | | Mother's Name |
| Siblings | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | | Include Name, Age, School, and Grade | | |
| Telephone Number | | | | |
| | | Home Number | | Cell Number |
| Email (Parent's) | | | | |



Reason for Nomination

Please describe why this child should receive benefits from the "Shop With a Cop" program. Criteria should include, but is not limited to: recipient's overall need, academic performance/improvement (or sustained performance), positive changes in behavior, commitment to withdraw and/or abstain from gang activity, comments from parents and community members, or community achievement(s).

Please fill in the below area. If you need additional room, please feel free to attach additional pages to this document.



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| • | | | | | |
|-----------------------|--|------------------------------|--|--|--|
| Nominator's Name | | | | | |
| | Last Name, First Name | and Middle Name | | | |
| Mailing Address | | | | | |
| | Street Address, City and Zip Code | | | | |
| Telephone Number | | | | | |
| | Home Number | Cell Number | | | |
| Email | | | | | |
| Answers | s for questions below may be typed and a | ittached to the application. | | | |
| Relationship to propo | sed recipient | | | | |

How was the proposed recipient brought to your attention?

Ideas or suggestions for the proposed recipient's needs? (clothing, shoes, etc.)