



# Operation Holiday Cheer

## Name

First Name

Last Name

## Email

## Address

Address Line 1

Address Line 2

City

State

Zip Code

## Phone

**First and last name of person with PWS**

**Age of person with PWS**

**I am a:**

Parent of an individual with PWS

Caregiver of an individual with PWS

**Ethnicity of individual with PWS**

This information is used for grant writing purposes.

**Household Income**

This information is used for grant writing purposes

**How many people are in your household?**

**Will you receive other assistance for the holidays (i.e. churches, outside agencies, etc.)?**

Yes

No

**Have you applied for or received Operation Holiday Cheer funds from PWSA | USA previously?**

Yes

No

**Please explain any extenuating circumstances.**

**When you have filled out the above information, please send your completed Operation Holiday Cheer application to [info@pwsausa.org](mailto:info@pwsausa.org).**

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*\*To be completed by office personnel only*

**Date application received**

**Approved**

**Denied**

**Justification**

**Date family was notified**