



Operation Holiday Cheer

Name

First Name

Last Name

Email

Address

Address Line 1

Address Line 2

City

State

Zip Code

Phone

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.

**To be completed by office personnel only*

Date application received

Approved

Denied

Justification

Date family was notified