![MCj03578150000[1]]()

**STEPS TO SUCCESS**

**APPLICATION FORM**

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|  |
| --- |
| School Information  |
| School name |  |
| Street Address |  |
| City, State, ZIP |  |
| School DISTRICT |  |
|  Telephone # |  |
| Principal |  |
| Counselor/Social Worker |  |
| % of Students on Free Lunch Program |  |
| % of Students on Reduced Lunch Program |  |
| Is school a voluntary or mandatory uniform school? |  |
| # of students enrolled |  |
| Attendance % |  |
| Primary contact |  |
| Phone for primary contact |  |
| Email for primary contact |  |
| How would Steps to Success shoe program benefit this school? |  |
| Thank you for your application. We will review it and be in contact with you sometime in the Spring after we have reviewed our budget and schedule for the next school year. |
| Submitted by (school contact name) |  |
| Title (title of school contact) |  |
| Date (application rec’d by AL) |  |
| Assistance League Contact |  |
|  |  |

Please either email the application to steps@alstl.org or mail to:

Assistance League St. Louis, ATTN: STEPS to SUCCESS, 30 Henry Avenue, Ellisville, MO 63011.