



STEPS TO SUCCESS APPLICATION FORM

School Information	
School name	
Street Address	
City, State, ZIP	
School DISTRICT	
Telephone #	
Principal	
Counselor/Social Worker	
% of Students on Free and Reduced Lunch Program	
# of students enrolled in each grade (This program is only for K- 4 th grade.)	K____ 1____ 2____ 3____ 4____
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 received 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.