



PLACER COUNTY SHERIFF'S OFFICE

WAYNE WOO
SHERIFF-CORONER-MARSHAL

SHAYNE WRIGHT
UNDERSHERIFF

SHOP WITH A COP RECIPIENT APPLICATION



Child's Information

First and Last Name

Home Address

Street Address, City, and Zip Code

School

Grade

Teacher's Name

Age

Parent(s) Name

Mother's Name

Father's Name

Sibling(s)/ Age(s) 1.

2.

3.

Telephone Number

Home Number

Cell Number

Family Annual Income: (Optional)

\$0-\$20,000 \$20,001-\$40,000 \$40,001-\$60,000 \$60,001-\$85,000

\$85,001-\$105,000 \$105,001- over

Parent's Email



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Reason for Nomination

Please describe why this child should receive from the “Shop with a Cop” program. Criteria should include, but is not limited to: **recipient’s overall need, accademic preformance/improvement (or sustained preformance), positive changes in behavior, commitment to withdraw or abstain from gang activity, comments form parents and/or community members, or community achievements.**

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



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Nominator's Name

First and Last Name

Mailing Address

Street Address, City and Zip Code

Telephone Number

Home Number

Cell Number

Email

Answers for questions below may be typed and attached to the application

Relationship to proposed recipient

How was the proposed recipient brought to your attention?

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