



### Florida Hospital Backpacks for Kids Employee Application Form

Florida Hospital's Backpacks for Kids program is one of several ways that Florida Hospital employees reach out to the Central Florida community. The Backpacks for Kids program is designed to help provide the underprivileged children at Florida Hospital's Partner in Education Elementary Schools with school supplies.

We realize that there are FH employees who are not able to provide their children with needed school supplies and whose children do not attend one of FH's partner schools. FH would like to help each and every employee; however, after fulfilling our commitment to the schools, there are only a limited number of backpacks left over. In order to distribute this limited number to the employees that are in the greatest need, we are asking that the following form be filled out ***in its entirety*** and that you ***attach your most recent paycheck stub***. The form then needs to be signed by your Department Director/Nurse Manager (no other signature will be accepted). This will help us to distribute the limited number of backpacks as fairly as possible.

If you qualify, we will contact you as soon as possible to let you know where you can pick up the backpack (s).

Thank you for your cooperation. May God bless you and your family during the next school year.



**EMPLOYEE APPLICATION DEADLINE - July 26, 2013**  
**Florida Hospital Backpacks for Kids Employee Application Form**

All applicants must be an employee of Florida Hospital. Students who receive the backpack(s) must be an immediate family member.

I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***\*ATTACH MOST RECENT PAYCHECK STUB TO THIS FORM\****

**PERSONAL INFORMATION: (PLEASE PRINT)**

Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ext \_\_\_\_\_

Pager/Cell phone# \_\_\_\_\_ FH Campus \_\_\_\_\_ Marital Status \_\_\_\_\_

List **ALL** household members (including self):

| Age | Grade | Sex | Relationship to you | Employed? Yes/No | If employed, list monthly income |
|-----|-------|-----|---------------------|------------------|----------------------------------|
|     |       |     |                     |                  |                                  |
|     |       |     |                     |                  |                                  |
|     |       |     |                     |                  |                                  |
|     |       |     |                     |                  |                                  |
|     |       |     |                     |                  |                                  |

Have you been helped by The HOPE Fund (formerly the Care to SHARE) in the past? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever received a backpack(s) through the Backpacks for Kids Campaign? \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Hire Date: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Work Shift: \_\_\_\_\_

Dept: \_\_\_\_\_ Dept#: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**NET INCOME:**

Annual family income after taxes \$ \_\_\_\_\_ Bi-Weekly income after taxes \_\_\_\_\_

Monthly Child Support: \$ \_\_\_\_\_ Do you receive child support regularly? \_\_\_\_\_

Additional Income: \_\_\_\_\_ Additional Income Sources \_\_\_\_\_

Directors/Nurse Manager Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

Direct Phone Number \_\_\_\_\_

I have reviewed the above information and confirm that this employee, to the best of my knowledge, is unable to provide sufficient supplies for their child (children) \_\_\_\_\_

**Department Director/Nurse Manager Signature**

**For Additional Information please contact the FH Mission Development Office @ 407/303-7711 x6503/Fax # 407/303-9595**