

SHOES THAT FIT

APPLICATION FORM



Please complete this form and submit using the mailing address, fax number or web address listed below. After receiving your application a committee will review your application to determine enrollment. If we are able to enroll your school, a committee member or store manager will contact you regarding program information.

School Information

School Name _____

School Address _____ City _____ State _____ Zip _____

School Liaison Contact Information

School Liaison Name _____ School Liaison Position _____

Phone (____) _____ Email Address _____

Alt. School Liaison Name _____ Alt. School Liaison Position _____

Phone (____) _____ Email Address _____

Additional Information

Is your school a Title I school?

Yes No

We have _____% of our students on government paid lunches/free-reduced lunch

Liaison Agreement

As the school _____ (title), I am authorized to apply for this program. I understand that 100% of the funds collected by Rack Room Shoes are transferred to the Shoes That Fit Program and divided between participating schools.

As the School Liaison, I am responsible for ensuring that these funds will be given to children in need if our school is enrolled in this program. I am also responsible for purchasing approved items only, which are outlined in the Shoes That Fit Program Kit. I understand that failure to abide by these guidelines may result in removal from the program.

School Liaison Name _____ Date _____

Signature _____

MAIL COMPLETED FORM TO:

Shoes That Fit - Rack Room Shoes, 8310 Technology Drive, Charlotte, NC 28262

FAX OR EMAIL COMPLETED FORM TO:

(704) 547-8153

APPLY ONLINE AT:

www.rackroomgives.com/stf-apply.html

RACK ROOM SHOES®
gives

