

## 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/shoesthatfit](http://www.rackroomgives.com/shoesthatfit)

RACK ROOM SHOES®  
gives

