

Yarmouth's Project Holiday

2026 Application for Gifts (Yarmouth Residents)

For office use only
FAMILY ID# _____

Project Holiday is coordinated by Yarmouth Cares about Neighbors (YCAN) with support from Yarmouth Community Services (YCS) and the Lions Club. The goal of this program is to foster the spirit of holiday giving within the Yarmouth community by connecting anonymous donors with local families who confidentially seek assistance for holiday gifts.

APPLICATIONS DUE by **November 2**

Your application must be returned by **November 2** to:

YARMOUTH COMMUNITY SERVICES

200 Main Street, Yarmouth (Front, Left Entrance of Town Hall) or

THE MAIN OFFICE AT YOUR CHILD'S SCHOOL

For more information, please contact YCAN at (207) 844-3517 or YCS at (207) 846-2406.

PARENT or GUARDIAN	
STREET ADDRESS	
	<i>Note: Applicants are required to verify residence with a driver's license or ID, or by providing a bill in their name with a local street address, not a post office box, to be eligible for assistance.</i>
MAILING ADDRESS	
PHONE NUMBER	(____) _____ - _____ <i>Please provide a phone number where we can leave a message if further information is needed.</i>

TO REQUEST A HOLIDAY FOOD BASKET

Please **CALL** or **TEXT** the Yarmouth Food Pantry at (207) 844-3320 **by NOVEMBER 2**.

Leave your **NAME, TELEPHONE #, & NUMBER of FAMILY MEMBERS**.

You may also request a food basket in person at the Food Pantry, located on Storer Street, behind First Parish Church.

Did you apply through another agency for gifts? If yes, please tell us where: _____

In order to supply appropriate wrapping paper, what holiday do you celebrate? _____

Gift assistance is for **children 18 and younger**, please list your children's names in this section (First & Last):

CHILD #1: _____ CHILD #2: _____

CHILD #3: _____ CHILD #4: _____

USE THE BACK OF THIS FORM to complete the required information for each child in your household.

*I have determined that due to our financial circumstances, I need assistance from **Yarmouth's Project Holiday**. I agree that all gifts received will be given to the children listed in this application and not used for any other purposes. Also, by signing below, I verify that all information in this application is true and accurate.*

Signature: _____ Date: ____/____/____

IF APPROVED, you'll be sent a confirmation letter by **NOVEMBER 25** informing you when & where to pick up your gifts.

~ YOU MUST BRING THE CONFIRMATION LETTER WITH YOU WHEN PICKING UP YOUR GIFTS. ~

GIFT SUGGESTION NOTES:

- Keeping in mind that gift assistance is for **children 18 years old and younger**, please complete the sections below with each child's gift wishes, needs, interests, and hobbies.
- Example gift suggestions: Specific board games, painting/drawing supplies, sports equipment, book series, etc.
- If you are interested in clothing, please list specific items, colors, and sizes.
- We'll do our best to fulfill requests, though some gifts may not be provided.
- Due to space constraints, bike requests and requests for large or very heavy items cannot be accommodated.
- The recommended spending guideline per child is **\$150**.

CHILD #1 ➡ AGE: _____ GRADE: _____ GENDER: _____ Male _____ Female _____ Non-binary				
Gift Wishes, Needs, Interests, Hobbies:				
CHILD #2 ➡ AGE: _____ GRADE: _____ GENDER: _____ Male _____ Female _____ Non-binary				
Gift Wishes, Needs, Interests, Hobbies:				
CHILD #3 ➡ AGE: _____ GRADE: _____ GENDER: _____ Male _____ Female _____ Non-binary				
Gift Wishes, Needs, Interests, Hobbies:				
CHILD #4 ➡ AGE: _____ GRADE: _____ GENDER: _____ Male _____ Female _____ Non-binary				
Gift Wishes, Needs, Interests, Hobbies:				