2025 Kingsway Apple Tree Application

Inmate Name _____ State Inmate ID# _____

Inmate Birthday_____ Institution _____

Instructions:

1. **Do not** apply for gifts if the child is already getting gifts from Angel Tree, Social Services or the Salvation Army.
2. Fill out a section for **each** of your children **under age 18**. If you have more than 2 children, ask for another form.
3. Do not fill out an application for children living out of the state of Virginia. Kingsway cannot ship out of state.
4. Be sure to include the guardian's phone number. **Gifts cannot be shipped without a phone number.**

Please Note *Each child will receive at least 3 Age-Appropriate items: Bible or Christian Book, Game and Toy or Gift.*

Child # _____ **Child's Name** _____

Date of Birth _____ **Child's Age** _____ **Boy** _____ or **Girl** _____

Guardian's Name _____ **Guardian's Phone #** _____

Guardian's Address _____ **City** _____

State Virginia Zip _____ **The Guardian is** (Circle one below)

Your Spouse Child's Grandparent Foster Parent Other - Explain below

_____

Child # _____ **Child's Name** _____

Date of Birth _____ **Child's Age** _____ **Boy** _____ or **Girl** _____

Guardian's Name _____ **Guardian's Phone #** _____

Guardian's Address _____ **City** _____

State Virginia Zip _____ **The Guardian is** (Circle one below)

Your Spouse Child's Grandparent Foster Parent Other - Explain below

_____

Dear Chaplain: Thank you for your help with this project! Please make this application available to the inmates who enter your facility AFTER the Angel Tree deadline.

Please email the completed form to Kingsway ASAP to info@kingswayoutreach.org but no later than 12/1/25

If by mail, send to Kingsway Prison & Family Outreach P.O. Box 2335 Harrisonburg, VA 22801 by 11/26/25

Please use this form and provide multiple copies if necessary.