San Diego Food Bank

FOOD 4 KIDS APPLICATION FORM

_____ **Yes, we would like to apply as a new school to participate in Food 4 Kids to receive food and backpacks to distribute to the chronically hungry students.**

_____ **Yes, our school participated last year and we are interested in participating in Food 4 Kids for the school year of 20_____ - 20_____.**

_____ **No, we wish to no longer participate.**

Name of School:		
Mailing Address:		
City:	State:	Zip:
Principal Name:	County:	
Principal's E-Mail Address:		
Street Address (physical location):		
City:	State:	Zip:
Phone Number:	Fax Number:	
Food 4 Kids School Coordinator: (not necessary for first time applicants to fill out until approved)		
School Coordinator's E-Mail Address:		
What is your average enrollment?		
How many kids would you consider to be chronically hungry?		
What percentage of your students are on the Free/Reduced Price Lunch Program?		

I CERTIFY THAT THIS INFORMATION IS TRUE AND COMPLETE

Signature of Principal: Date:

Return Application to: San Diego Food Bank Attn: Makena Rutan or email to mrutan@sandiegofoodbank.org