



Application

___ 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___.

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 9850 Distribution Ave. San Diego, Ca 92121
Or FAX (858) 527-1457