

PALOMAR COLLEGE OFFICE OF STUDENT AFFAIRS

**Food Bank Application** – Please print legibility with pen and fill out completely

Today's Date:	Student Email:
Student name:	ID number:
Home Address:	
<b>Identify immediate family members living with you below</b>	
Significant Other/Spouse/Partner Name:	
Child's name:	Age:
Child's name:	Age:
Child's name:	Age:
Child's name:	Age:
<b>Palomar College Student Signature:</b>	

Palomar College Employee Referral Name:	
Department/Office:	Phone Ext:
Referral Signature:	Date:

**Office of Student Affairs will complete the verification section below.**

Student is currently enrolled (student is ineligible to receive food bank services if not currently enrolled)	
Enter last date student used Food Bank Services:	
Verify employee referral name, department and signature is complete	

TIME of day application was received			
Total Food Allotment (student and immediate family)			
<b>Student will return for food pickup</b>	<b>Date:</b>	<b>TIME:</b>	
Transporting food supplies, student requests (when available)	Box(es)	Plastic Bag(s)	Personal Backpack
Special requests (when available):	Pull tops	Microwave only	Cold food only
OSA Student Worker:			

Date food received:	Time:	# of Allotments:
<b>Student Signature when food is picked up from OSA:</b>		