



Partner School Application

School Name _____

School Address _____

School District _____

Your Name and relationship to the school _____

Your email address _____ Your telephone number _____

Current school enrollment _____

Percentage of enrollment that qualifies for free/reduced breakfast and/or lunch _____

Anticipated number of students in need of Bags of Hope on a weekly basis _____

Is childhood hunger new to this community? _____

If not, what other programs are currently in place to meet this need? _____

What other partnerships currently exist to address this issue?

What programs/resources does the district offer to meet the hunger needs of the students?

