



FROST STUDENT ASSOCIATION

EMERGENCY FOOD CUPBOARD APPLICATION

The FSA offers the Emergency Food Cupboard to Frost students enduring temporary hardships. ***Frost students may use the Food Cupboard up to 3 times per semester.*** If you require further assistance, contact Sherry Polley at 705-324-9144, x3047 or email sherry.polley@flemingcollege.ca.

Application Process

- Complete the form below in full.
- Provide a valid student ID.
- Provide a reusable grocery bag.
- Pick up your food on the date and time arranged with the Office Manager.

Information collected is kept in strict confidence and is only used to determine food cupboard eligibility.

Personal Information:

Full Name: _____

Student ID: _____

Email: _____

Phone #: _____

Program & Year: _____

Domestic or International student: _____

Date of service from another food bank: _____

Household Information:

Please advise your household status so we can better meet your needs.

Single Couple

Family of _____ (please specify children's ages here _____)



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Restrictions or Allergies

- Vegetarian Food or Scent Allergies (specify below)
 Vegan _____
 Dietary Restrictions (specify below)

- List any foods you cannot eat or dislike (specify below)

Do you need toiletries? Check boxes that apply. ***Provided these supplies are available.***

- Toilet Paper Toothpaste/Toothbrush
 Soap (scent allergy?) Feminine Hygiene Products
 Deodorant Shampoo

Reason for Application (check all that apply)

- Unemployed (unable to find work) Unemployed (heavy course load)
 Unemployed (international student) Low Income
 High Rent/Expenses

Main source of Income

- Part-time Employment Family/Spouse
 Full-time Employment GIC
 School Loan Other _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand the Emergency Food Cupboard is a non-for-profit and is supported solely through donations. False or fraudulent statements, omissions or abuse of the Emergency Food Cupboard can result in refusal of service.

Name (print): _____

Signature: _____

Date: _____