

<p>Student Needs Staff Only</p> <p>Date Received: _____</p> <p>Semester/Year: _____</p> <p>Application Number: _____</p>
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MOBILE FOOD PANTRY APPLICATION

The Mobile Food Pantry is funded by private donations made through the Northeast State Foundation. Northeast State has partnered with Second Harvest Food Bank to assist **currently enrolled Northeast State students** who have a genuine need for food. Students are invited to participate in this program at no cost to the student. Each participating student will receive approximately 40 pounds of food, including canned goods, dairy items, breads, and fresh fruits and vegetables.

In order to receive food, a student must do the following:

- Complete and submit this application to one of the designated offices/representatives listed below. Applications are due no later than 2 days prior to the Mobile Food Pantry distribution date at each campus site. Only one application should be submitted per semester.
 - Office of Scholarship Programs and Student Needs - Blountville Campus, C2107 **OR**
 - Ashley Pierce – Kingsport Campus, KC101 **OR**
 - Amy Drinnon – Elizabethton Campus, E132 **OR**
 - Debbie Street – Johnson City Campus, JC1012
- Bring your Northeast State PHOTO ID on the day of distribution.
- Bring a box or laundry basket in which to carry food.

No one else is allowed to pick up the food for you. **No exceptions.** Only one applicant may receive assistance per household. Food not picked up during the allotted distribution time will be returned to Second Harvest Food Bank. You must attend the Mobile Food Pantry distribution site you indicate on the form listed below.

For more information, contact the Office of Scholarship Programs and Student Needs at 423.279.7637 or studentneeds@NortheastState.edu.

Please complete using blue or black ink.

NAME (please print): _____ STUDENT ID NUMBER: _____

ADDRESS: _____
Street City State Zip

CELL PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS(ES): _____

CAMPUS DISTRIBUTION SITE (circle one): Blountville Kingsport

*NUMBER OF CHILDREN (Age 0-18) IN HOUSEHOLD: _____ *NUMBER OF SENIORS (Age 60+) IN HOUSEHOLD: _____

*TOTAL NUMBER IN HOUSEHOLD: _____

*YEARLY HOUSEHOLD INCOME: \$ _____ *Pay Frequency: weekly **or** bi-weekly **or** monthly

*Military Veteran? ___ Yes ___ No *SSI (Disability)? ___ Yes ___ No

*Receive SNAP Benefits? ___ Yes ___ No *Energy Program (LIEAP)? ___ Yes ___ No

*Families First Participant? ___ Yes ___ No *Public Housing? ___ Yes ___ No

I give Northeast State permission to release the demographic information above (*) to Second Harvest Food Bank.

Signature: _____ Date: _____