

ASO Hearts & Hands Pantry Student Application

<input type="checkbox"/> Fall	<input type="checkbox"/> Intersession
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer

ASO Hearts & Hands Mission Statement

ASO Hearts & Hands Pantry has been created to encourage campus pride and unity in a dignified manner. The ASO Hearts & Hands Pantry has been designed to assist current AVC students who are making forward progress in their academic pursuits and are homeless and/or hungry in circumstances where supplemental nutritional snacks will benefit their academic success.

Program Applying For:

(choose one)

Daily Meal Bags (Suspended)
Daily bags will be given out based on the student's academic schedule.

Bi-Monthly Groceries
Receive grocery items from the market drive through.

First Name: _____ Last Name: _____
 CSUB Student ID#: _____ Phone Number: _____
 CSUB Email: _____@csub.edu

Programs Involved in on Campus:

Financial Aid OSD CalWORKs STAR EOPS Foster Youth Veterans Other

Annual Level of Income:

\$0 – 16,000 \$16,001 – 21,000 \$21,001 - \$27,000 \$27,001 - \$33,000

How many semesters have you participated in the Hearts & Hands Pantry program? _____

All students applying for the program must meet the following criteria:

- Be in good academic standing with a 2.0 GPA or higher
- Have a 50% completion rate with forward academic progress
- Have a current Education Plan and on track for graduation
- FAFSA application completed at the AVC Financial Aid office
- Currently enrolled in 6 or more units

Students are served on a first come first served basis and must apply each semester. Each application will be considered based on each individual's needs and criteria.

Do you have stable housing? Yes No Do you need housing information/resources? _____

Are you currently using services in the community? Yes No Which one(s)? _____

Food Allergies/Dietary Restrictions? _____

Please give a brief statement of why you are applying for the ASO Hearts & Hands Pantry: _____

I agree the above information is correct: If the requirements are not met, I understand I will be dropped from the program. If I requested resource information my name and contact information may be shared with our community partners.

Signature: _____ Date: _____

Note: The ASO Hearts & Hands Pantry has the right to withdraw the application any time.

Food items may be limited by donations received. We try to accommodate dietary and food restrictions.

FOR OFFICE USE ONLY

STUDENT LIFE	
<input type="checkbox"/> Approved	By: _____
<input type="checkbox"/> Denied	Date: _____
<input type="checkbox"/> Probation	_____

FINANCIAL AID
<input type="checkbox"/> Cleared
<input type="checkbox"/> Not Cleared

NOTIFIED
<input type="checkbox"/> Email
Date: _____

