

ASO Hearts & Hands Pantry Student Application

<input type="checkbox"/> Fall	<input type="checkbox"/>
<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 and CSUB AV 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** Daily bags include frozen meals and snacks. **Weekly Groceries** Canned and dry items from the pantry.

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

Programs Involved in on Campus:

Financial Aid SSD 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

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 or Dreamers application completed with the 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 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.

Signature: _____ **Date:** _____

**Note: The ASO Hearts & Hands Pantry has the right to withdraw the application/participation any time.
At times food items are limited by the donations received.**

FOR OFFICE USE ONLY

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

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

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