



ALL APPLICATIONS ARE KEPT IN STRICT CONFIDENCE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

PROGRAM(s) of INTEREST: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**REQUIRED VERIFICATION DOCUMENT:**

- A letter from the school district verifying participation in the Free NSLP Lunch program for the current or upcoming school year must accompany this application.

I certify that the above information is correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

OFFICE USE ONLY:

DATE RCV'D \_\_\_\_\_

RCV'D BY: \_\_\_\_\_

4635 SW 67<sup>th</sup> AVENUE ROAD  
Ocala, FL 34474  
352-820-4222