

CONFIDENTIAL



HUMBER STUDENTS' FEDERATION FOOD PROGRAM APPLICATION FORM

Last Name:	First Name:	
Address:		
City:		
Telephone:	E-mail:	
Program name:		
Semester:		
Student ID #:		
Campus:	Lakeshore	North
Do you have dependents	Yes	No
If yes how many:		
Please list age and gender of dependents:		

BUDGET INFORMATION

Budget for study period from _____ to _____

Tuition	\$	Savings at beginning of year	\$
Books/Supplies	\$	Part-time earnings during school year	\$
Rent	\$	OSAP Loans (Total for Year)	\$
Utilities	\$	Scholarships	\$
Telephone	\$	Bursaries	\$
Food	\$	Government income (specify C.P.P/Child Tax/E.I/Voc Rehab)	\$
Personal/Household	\$	Monetary Gifts	\$
Transportation	\$	Other (specify)	\$
Medical (uninsured)	\$		
Childcare Costs	\$		
Miscellaneous	\$		
TOTAL EXPENSES	\$	TOTAL FINANCIAL RESOURCES	\$
FINANCIAL NEED	\$		

[FINANCIAL NEED = TOTAL EXPENSES – TOTAL FINANCIAL RESOURCES]

CONFIDENTIAL



NUTRITIONAL REQUIREMENTS

Dietary requirements (please specify):

1. Do you have any food allergies?	Yes	No
2. If yes please specify:		
3. Do your dependents have food allergies?	Yes	No
4: If yes, please specify:		

DECLARATION BY STUDENT:

I certify that all the information is correct and true to the best of my knowledge. Any information given in this form will be used to evaluate my need as a student requiring the services of the HSF Food Program and will only be used for this purpose. All information will remain confidential and will not be shared with any other party.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date of interview:	Accepted <input type="checkbox"/>	Declined <input type="checkbox"/>
Date of Acceptance	Interviewer:	
Client No.		
Special Notes:		