



SCHOOL PARTNERSHIP APPLICATION

This application is solely a request for further information on the Provision Packs program. Once this application is submitted the Provision Packs Board of Trustee's will review your application for this partnership. Please complete the below information and email it back to us at info@provisionpacks.org. We will reach out to you for additional information. Thank you in advance for all that you do!

- **School information:**

School Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

- **General School Information**

Total number of students on average: _____

Total number of students on free and reduced lunch: _____

Do you currently work with any food supplemental programs? Circle one: Yes No

If yes, which ones and how many students do they serve

Are you familiar with our program and how it works? Circle one: Yes No

Provision Packs asks each school to help in delivering the packs from our Ormond Beach facility to the school for distribution. Do you have volunteers that are willing to help? Circle one: Yes No

When would you ideally like to begin distributing our packs at your school? _____

- **School Contact**

Name: _____ Title: _____

Office phone #: _____ cell #: _____

Email: _____

Please send completed form to: info@provisionpacks.org