



### ST. CLAIR SRC FOOD BANK APPLICATION

First Name	Last Name	
Student Number	Phone Number	
Current Address		
Do you have children living with you at home?		
	Yes	No
Are you vegetarian?		
	Yes	No
Do you have other diet restrictions? (allergies, etc.)		
Are you an international student?		
	Yes	No
Do you have a job?		
	Yes	No
Do you have a GIC?		
	Yes	No
How much is your monthly income?		
How much do you pay in rent monthly?		
Why do you feel you need to utilize the food bank?		

**Questions?** Please contact Katie Rizea, [krizea01@stclaircollege.ca](mailto:krizea01@stclaircollege.ca)