

Application for Additional Food Assistance

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

The food assistance program may provide additional meal dollars for eligible students who need assistance during in-semester breaks or for short-term emergencies. Currently enrolled students who are in need of food assistance and have exhausted all other funding options, including student loans and work-study (if eligible for financial aid) may apply. Students may be required to submit additional documentation and/or attend a one-on-one financial literacy session after submitting an application.

**DEADLINE:** Applications must be submitted by December 14, 2018 for fall only students and May 10, 2019 for all others.

Answer the questions using the check boxes to the right	YES	NO
Have you been awarded financial aid for this academic year?		
Have you accepted and received 100% of your current semester's financial aid, including student loans?		
Have you submitted a Cost of Attendance Adjustment Request Form?		
Are you currently employed?		
Have you applied for CalFresh benefits for this academic year? Apply online at <a href="https://www.mybenefitscalwin.org/">https://www.mybenefitscalwin.org/</a>		
<ul style="list-style-type: none"> <li>• If yes, are you eligible for CalFresh Benefits?</li> <li>• If eligible, please list the date the benefits started _____</li> </ul>		

**If you were denied benefits under the CalFresh program, please attach a copy of your denial notification to this application.**

**Please describe your need for additional food assistance (required):**

\_\_\_\_\_

\_\_\_\_\_

Where do you currently live?

- Off campus: Amount you pay in rent: \$ \_\_\_\_\_/month
  University Village
- Residence Halls
  Other: \_\_\_\_\_

Number of people in your household: \_\_\_\_\_. If there is more than one (yourself), list the household members and their relationship to you below (if more than two, attach a sheet listing the other household members):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

*I declare that the above is true and I understand that additional food support will be considered only after I have accepted and received all of the grants, scholarships and student loans offered to me. I understand that the food assistance program is to assist only the student applying, not other family members, and submission of an application is not a guarantee of approval. I understand that the Financial Aid & Scholarships Office may review current meal plan dollars, monitor the use of additional meal dollars and may require additional documentation as part of the review. I agree to attend financial literacy counseling, if required, to receive additional support.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**To expedite the processing of this form, submit in person:** Cal Student Central, 120 Sproul Hall.  
**Fax Financial Aid Forms to:** 855-895-3690 **Mailing address:** University of California, Berkeley, Financial Aid and Scholarships Office, 2nd Floor Sproul Hall, Berkeley, CA 94720-1960

