Financial Aid and Scholarships Office  
Application for Additional Food Assistance  
FAPFA  
2020-21

Student Name  
Student ID Number

The food assistance program may provide additional meal dollars or grocery cards for eligible students who need assistance during in-semester breaks or for short-term emergencies. 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 11, 2020 for fall only students and May 7, 2021 for all others.

Answer the questions using the check boxes to the right

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been awarded financial aid for this academic year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you accepted and received 100% of your current semester’s financial aid, including student loans?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you submitted a Cost of Attendance Adjustment Request Form?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you applied for CalFresh benefits for this academic year? Apply online at <a href="https://www.mybenefitscalwin.org/">https://www.mybenefitscalwin.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If yes, are you eligible for CalFresh Benefits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If eligible, please list the date the benefits started</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How much do you receive each month in CalFresh?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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.

Mailing address: University of California, Berkeley, Financial Aid and Scholarships Office, 2nd Floor Sproul Hall, Berkeley, CA 94720-1960

09/09/2020 mh