



Kitchen on the Street, Inc.

www.kitchenonthestreet.org

Partner School Application

School Name _____

School Address _____

School District _____

Your Name and relationship to the school _____

Your email address _____ Your telephone number _____

Current school enrollment _____

Percentage of enrollment that qualifies for free/reduced breakfast and/or lunch _____

Anticipated number of students in need of Bags of Hope on a weekly basis _____

Is childhood hunger new to this community? _____

If not, what other programs are currently in place to meet this need? _____

Does this school have an Inter-faith Board, PTO or other non-profit organizations or businesses that provide support in the form of volunteers or other donations? If so, please elaborate. _____

Is this school in need of a clothing closet? _____

Is this school in need of fresh food distributions on a monthly basis? _____

Does this school have the capacity to designate a space (room) for Kitchen on the Street to operate from or store food in? _____

Would it be possible for someone from this school to pick-up Bags of Hope once per month and transport them to the school for distribution? _____

Does this school host any annual food drives? _____

Would this school consider inviting Kitchen on the Street to an Open House, Back to School Night or other all school events? _____

Would this school be willing to feature the Bags of Hope program in their newsletter or on their website? _____
