OZARKS FOOD HARVEST
THE FOOD BANK

Weekend Backpack Program Request

Thank you for your interest!

Due to the increasing demand for participation in the Weekend Backpack Program, Ozarks Food Harvest must prioritize schools that request assistance. Placement on the program is based on information gathered regarding area need, existing resources, available funding and current operations.

School Name: _____

School Phone: _____ County: _____

Physical Address: _____
Street *City* *Zip*

Mailing Address: _____
Street *City* *Zip*

Principal: _____ Email: _____

Total School Enrollment: _____ Free/Reduced Lunch %: _____

Ozarks Food Harvest purchases the food that goes into the backpacks, therefore, we have a limited number of bags available. If your school is selected for the program,

- How many backpacks/food bags do you anticipate needing? _____
- How did you determine the number of backpacks/food bags needed? Please be specific!

  _____

  _____

If you are requesting to receive food to supplement your own backpack program, this requires OFH membership. For more information on how to become an OFH member, follow this link: https://ozarksfoodharvest.org/about/our-network/become-a-member/

This form was completed by: _____ Date: _____

Name of Organization (If different from school): _____

Position: _____ Phone: _____ Email: _____

Updated 10-1-24