

Harvesters' BackSnack Program

Application

Date of Application _____

Name of School / Site _____

Address _____

City _____ State _____ Zip _____

Main Phone Number _____ Direct Phone Number *(if different)* _____

Principal Name _____ E-mail _____

Primary Contact Name _____ E-mail _____

Does your school have a community partner? Yes No

 If no, would you like assistance from Harvesters in locating a partner? Yes No

Community partner contact information:

Name of Organization _____

Address of Organization _____

City _____ State _____ Zip _____

Primary Contact Name _____ E-mail _____

Secondary Contact Name _____ E-mail _____

Phone Number _____

Required Documentation:

Letter of support from the District Superintendent (or Executive Director)

Letter of request from the school Principal on school letterhead

**Please submit your application materials via email to BackSnack@harvesters.org.
For more information, contact Bethany Reyna at 816.929.3042.**

