

# Oxnard College ASG Meal Voucher Program Application

## Spring 2019

Name (As it appears on your photo ID)\*

Date:

Student 900 Number\*

Phone Number\*

Email (Please double check your email)\*

### **\*Must be completed\***

- How many units are you currently enrolled in \_\_\_\_\_?\*

**NOTE: Proof of units is required please attached student schedule.**

- Have you received a meal ticket this Academic Year? \*

\_\_\_ No

\_\_\_ Yes      List Program \_\_\_\_\_

- Did you pay your student activity fee? *NOTE: Students who opt-out may jeopardize their eligibility for the Meal Voucher Program.*

\_\_\_ No

\_\_\_ Yes

- I would like to:

\_\_\_ Learn more about additional programs and service on campus: EOPS, CARE, etc...

\_\_\_ Learn more about the Food and Nutrition Programs.

\_\_\_ Learn more about other resources like financial aid.

- Please check all that applies to you.

\_\_\_ Homeless or is experiencing housing instability (couch surfing, living in car, etc.)

If so would you like a referral to other services on/off campus? Yes \_\_\_ No \_\_\_

\_\_\_ Has Children or dependents

\_\_\_ Receive Financial Aid

\_\_\_ Participant or Member of any of the following programs: EOPS, CARE, CalWORKs, Omegas

If you do participate in a program, please name which one(s): \_\_\_\_\_

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## Application

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- How will this meal ticket benefit you this quarter? Please specify. Due to high demand, we will prioritize need.\*

- You MUST **initial** all boxes. **The RESALE of meal vouchers is Prohibited.**\*

\_\_\_\_\_ I CERTIFY that I am currently enrolled at Oxnard College and that the information I have submitted on this form is true and secure.

\_\_\_\_\_ I RECOGNIZE that vouchers are for the recipient's use only, and are subject to an awarding limit. I also understand that a voucher can only be used at OC Condor Café.

\_\_\_\_\_ I AGREE to follow the guidelines and expectations of OC Condor Café.

I am aware that vouchers cannot be exchanged for cash, nor will a remaining balance be given in change when used to make a purchase.\*

\_\_\_\_\_ I CERTIFY that I am the recipient of the voucher(s) indicated in the box below.

\_\_\_\_\_ I UNDERSTAND AND ACCEPT the obligations and conditions associated with the voucher program.

\_\_\_\_\_ I CERTIFY that I DO NOT currently have a meal plan.

Sign\* \_\_\_\_\_ Date: \* \_\_\_\_\_

**IMPORTANT:** STUDENT SCHEDULE MUST BE ATTACHED.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

NOTIFICATION WILL BE SENT BY EMAIL.