ALBUQUERQUE PUBLIC SCHOOLS
FOOD & NUTRITION SERVICES

APPLICATION STATUS
FOR OFFICIAL USE

- ◯ APPROVED
- ◯ DENIED

ENERGY BOOSTER PROGRAM APPLICATION FORM
(MUST BE COMPLETELY FILLED-OUT)

PROGRAM NAME:	
SCHOOL NAME:	

◯ ON SITE ◯ OFF SITE	OFF SITE LOCATION:
PROGRAM MANAGER:	EMAIL:
TELEPHONE NUMBER:	FAX NUMBER:
CONTACT NAME:	CONTACT EMAIL:
CONTACT TELEPHONE:	CONTACT FAX:

DESCRIBE THE ENRICHMENT OR EDUCATION COMPONENT IN YOUR PROGRAM:

INSTRUCTIONS
PLEASE INDICATE THE NUMBER OF MEALS YOU WOULD LIKE TO RECEIVE FOR EACH DAY OF THE WEEK

MON #	TUES #	WED #	THU #	FRI #

START-UP DATE FOR MEALS:	ENDING DATE FOR MEALS
MEAL SERVING TIME:	NUMBER OF STUDENTS ENROLLED:

I have read and understand the APS ENERGY BOOSTER MEAL Policy and Procedures; I have completed the required training; and, I have verified that each Program Official has completed the APS ENERGY BOOSTER MEAL PROGRAM TRAINING.

SIGNATURE:	DATE:

Print Form

Print completed Form and Email to stephanie.pinon@aps.edu or Fax to 505-348-5078 *DO NOT SEND VIA JPEG OR ANY OTHER FILE FORMAT*

Reset Form