



Saint Francis Medical Center
College of Nursing

"A Tradition of Excellence in Nursing Education"

Food Pantry Application Form

First Name _____ Last Name _____

Email Address _____

General Information: (required by Midwest Food Bank)

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EVERYONE IN YOUR HOUSEHOLD:

Age: _____

Gender: Female _____ Male _____ Transgender _____

Student Status: Full-time _____ Part-time _____

Ethnicity (Choose all that apply):

Caucasian _____ African American/Black _____ Latino _____ Asian _____

Middle Eastern _____ Pacific Island _____ Native American/Alaskan _____ Other _____

Household Information:

How many individuals are in your household, including yourself? _____

How many of those individuals are under the age of 18? _____

Employment status: Employed Yes _____ No _____

If yes, Full-time _____ Part-time _____

What type of housing do you have? Dorm _____ Off-campus _____ Homeless _____

Acceptance of Free Food and Waiver of Liability:

By my signature, I acknowledge the receipt of free food from the College food pantry. I understand that this is a gift and not a recurring obligation by the College, food pantry, or fiscal sponsor. I further understand and agree that by accepting this donated food, I freely and voluntarily hold the college, its officers, agents, employees, students, donors, volunteers, and food suppliers harmless and in no way liable or responsible for the quality, condition or packaging of food.

Signature: _____

Date: _____

For Office Purposes Only: Student ID Number _____

511 NE Greenleaf Street, Peoria, Illinois 61603, (309) 655-2201, Fax (309) 624-8973
www.sfmcon.edu

Last Update 7/11/25