

## Submitting a MTY 2025 household application

1. Navigate to:[https://foodbankofalaska.formstack.com/forms/m2ya\\_2025\\_application](https://foodbankofalaska.formstack.com/forms/m2ya_2025_application)



## 2. Scroll down after program explanation and click "next"

Meals to You is a Summer Food Service Program (SFSP) which will provide a 5-day breakfast and lunch meal box directly shipped to students in eligible school districts who choose to participate.

39 rural school districts are eligible to participate this year. The school district must agree to verify the student's enrollment status in the National School Lunch Program (NSLP).

The 5-day meal box will provide a variety of shelf-stable, breakfast and lunch meals, free of cost to participating students. All meals will meet the nutritional requirements established by the United States Department of Agriculture (USDA).

The Meals to You student application will be open from April 1-30, 2025. The first box will be scheduled to arrive in the first week of June 2025 and will continue until the start of the fall school year.

[Food Bank of Alaska is an equal opportunity provider.](#)





## 3. Read program details and then click next

- **Siblings** of enrolled students are also eligible.
- **Income Requirement:**
  - Enrolled students must receive Free and Reduced Lunches through the National School Lunch Program **or**
  - Households can complete an income eligibility form to determine need.
- **Household Eligibility:**
  - If one child qualifies, **all children in the household** can participate in Meals to You.

**Application Details:**

- Each application can include up to **10 children** from the same household.
  - If you have **more than 10 children**, please submit an additional application.
- Include **all relevant information** requested on the application.
- You must provide either a **phone number or email address** to complete the application.
- **All children on one application must:**
  - Be in the **same school district**
  - Have the **same legal guardian**
  - Share the **same mailing address**
- If possible, use a **PO Box** for consistent delivery.
- Only **complete applications** will be accepted—provide all necessary information to the best of your ability.
- The application must include a **legal guardian's signature**.

4. Type in number of children in household eligible for the MTY 2025 Program. The total number of children 18 years old and under.  
Scroll or type in your children's school district  
Type in the legal guardian's first and last name

FOOD BANK of ALASKA

### Household Information

Number of eligible children in the household\*

2

School District of Students in household\*

Nome Public Schools  
North Slope Borough School District  
Northwest Arctic Borough School District  
Petersburg School District  
Saint Mary's School District

Name of Legal Guardian \*

First Name Last Name

Provide at least 1 of the following contact methods\*

Phone Number  
 Email Address  
\*Email preferred

5. Please provide either an email or phone number of the legal guardian for contact purposes.

Number of eligible children in the household\*

2

School District of Students in household\*

Nome Public Schools  
North Slope Borough School District  
Northwest Arctic Borough School District  
Petersburg School District  
Saint Mary's School District

Name of Legal Guardian \*

Rachel McPherson  
First Name Last Name

Provide at least 1 of the following contact methods\*

Phone Number  
 Email Address  
\*Email preferred

Household Mailing Address (PO Box if available)\*

Household Mailing Address Line 2 (optional)

6. Type in email or phone number

Number of eligible children in the household\*

School District of Students in household\*

Nome Public Schools  
North Slope Borough School District  
Northwest Arctic Borough School District  
**Petersburg School District**  
Saint Mary's School District

Name of Legal Guardian \*

Rachel McPherson  
First Name Last Name

Provide at least 1 of the following contact methods\*

Phone Number  
 Email Address  
\*Email preferred

Guardian Email



Household Mailing Address (PO Box if available)\*

Household Mailing Address Line 2 (optional)

7. Next please provide the household mailing address. Where to send the meal boxes.

North Slope Borough School District  
Northwest Arctic Borough School District  
**Petersburg School District**  
Saint Mary's School District

Name of Legal Guardian \*

Rachel McPherson  
First Name Last Name

Provide at least 1 of the following contact methods\*

Phone Number  
 Email Address  
\*Email preferred

Guardian Email

Household Mailing Address (PO Box if available)\*

Household Mailing Address Line 2 (optional)

Household Mailing Address- City \*

Household Mailing Address- State \*

8. Please provide all the information -Address, City, State and Zip code

Provide at least 1 of the following contact methods\*

Phone Number  
 Email Address  
\*Email preferred

Guardian Email  
gillian.v.mcpherson@gmail.com

Household Mailing Address (PO Box if available)\*  
Po Box 123

Household Mailing Address Line 2 (optional)

Household Mailing Address- City \*  
Petersburg

Household Mailing Address- State \*  
I

Household Mailing Address -Zip Code \*

Continue to complete an information section for each child in the household

9. Once all household information is complete-click next at the bottom of the page

Household Mailing Address- City \*  
Petersburg

Household Mailing Address- State \*  
AK

Household Mailing Address -Zip Code \*  
99863

Continue to complete an information section for each child in the household

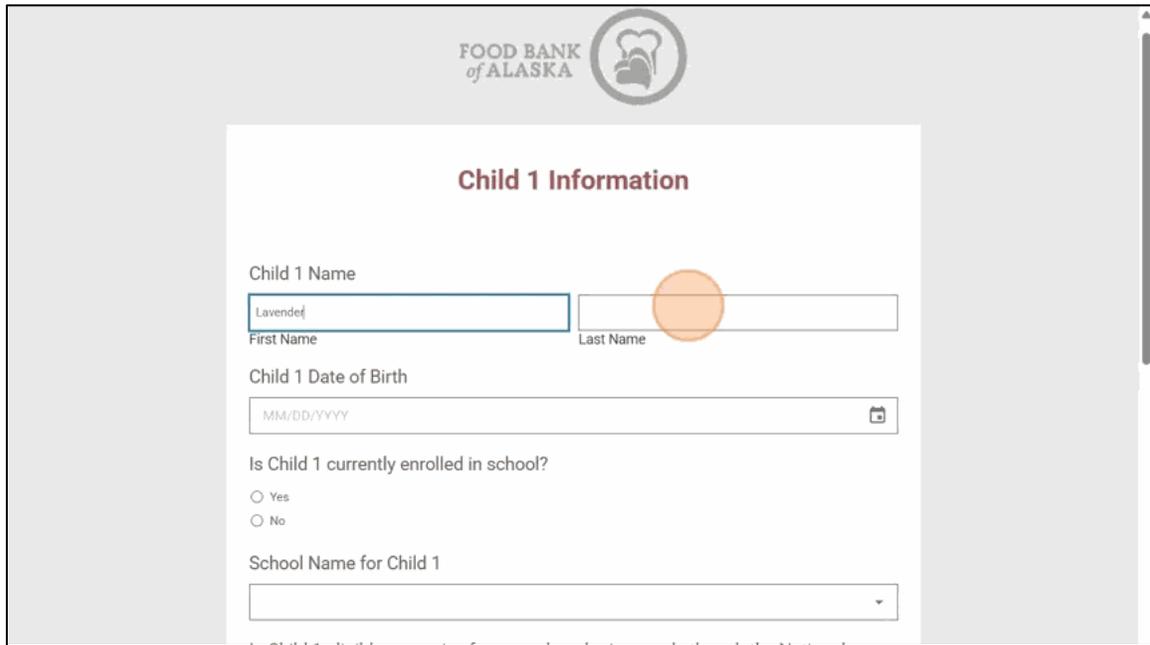
Previous Next

FOOD BANK  
of ALASKA

10. Add Child Information:

Please write in Child 1's first and last name

Next date of birth: Write in "MM/DD/YYYY" of Child 1



FOOD BANK of ALASKA

### Child 1 Information

Child 1 Name

Lavender  

First Name Last Name

Child 1 Date of Birth

MM/DD/YYYY

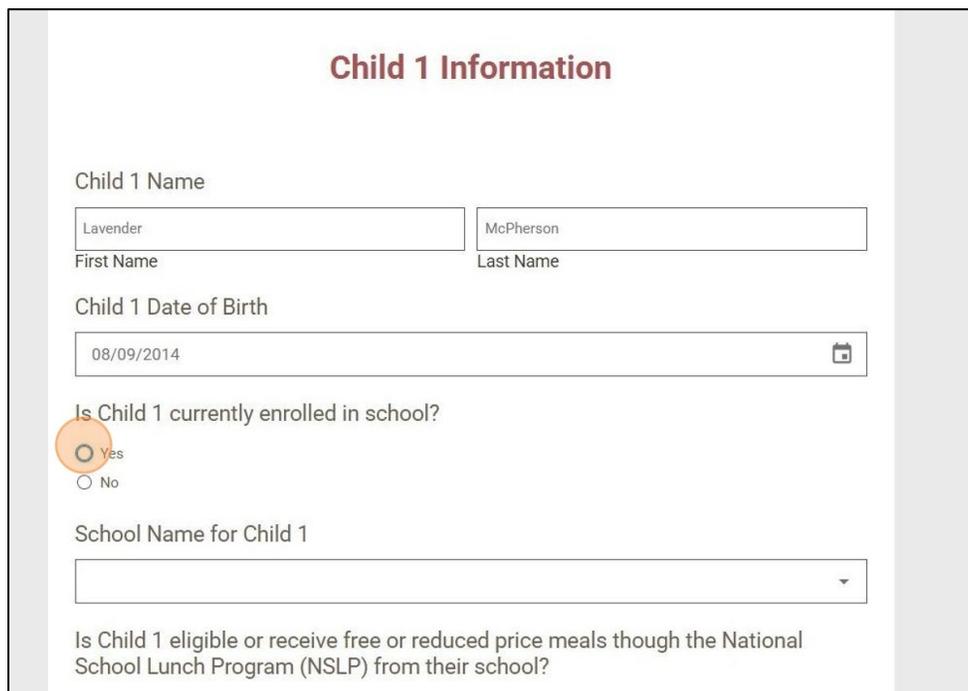
Is Child 1 currently enrolled in school?

Yes

No

School Name for Child 1

11. Next choose "yes" or "no" if the child is enrolled in school. At least one child in the household HAS to be enrolled in a participating school



### Child 1 Information

Child 1 Name

Lavender McPherson

First Name Last Name

Child 1 Date of Birth

08/09/2014

Is Child 1 currently enrolled in school?

Yes

No

School Name for Child 1

Is Child 1 eligible or receive free or reduced price meals through the National School Lunch Program (NSLP) from their school?

12. If enrolled, please pick which school Child 1 attends. Can search or scroll to find the school

**Child 1 Information**

Child 1 Name

First Name Last Name

Child 1 Date of Birth

Is Child 1 currently enrolled in school?

Yes  
 No

School Name for Child 1

Is Child 1 eligible or receive free or reduced price meals through the National School Lunch Program (NSLP) from their school?

Yes  
 No  
 Child is not enrolled in School  
 School does not participate in National School Lunch Program

13. Next choose option about the child's eligibility for free or reduced price meals through the Nation School Lunch Program. If uncertain please contact your school or school district.

Yes  
 No

School Name for Child 1

Is Child 1 eligible or receive free or reduced price meals through the National School Lunch Program (NSLP) from their school?

Yes  
 No  
 Child is not enrolled in School  
 School does not participate in National School Lunch Program

Does Child 1 have any dietary restrictions?

Yes  
 No

14. If the answer is "No" - child does **not receive** free or reduced price meals through the National School Lunch program they are **NOT** eligible for the MTY Program.

If the child's school **does not participate** in the National School Lunch program they need to reach out to the school and/or district to fill out an **income eligibility form**.

Mitkof Middle School

Is Child 1 eligible or receive free or reduced price meals through the National School Lunch Program (NSLP) from their school?

Yes

No

Child is not enrolled in School

School does not participate in National School Lunch Program

If child is enrolled in a school with a National School Lunch program and they do not receive Free or Reduced Lunches they are not eligible for the MTY program

If child's school does not participate in a National School Lunch program please contact your school district to get an income eligibility form to fill out and return to district.

Please contact your school district if you are unsure about eligibility.

15. Next choose "yes" or "no" if Child 1 has any dietary restrictions

Yes

No

Child is not enrolled in School

School does not participate in National School Lunch Program

Does Child 1 have any dietary restrictions?

Yes

No

Previous

Next

16. Select dietary accommodations needed for Child 1 if there are any

Does Child 1 have any dietary restrictions?

Yes  
 No

Select from the list below the available dietary accommodations for Child 1

Milk  
 Peanuts  
 Tree Nuts  
 Fish  
 Crustaceans (Shellfish)  
 Wheat  
 Soy  
 Sesame  
 Other

17. Once all finished with Child 1 click "next" at the bottom of the page to repeat steps 10-16 per each child of the household.

Is Child 1 eligible to receive free or reduced price meals through the National School Lunch Program (NSLP) from their school?

Yes  
 No  
 Child is not enrolled in School  
 School does not participate in National School Lunch Program

Does Child 1 have any dietary restrictions?

Yes  
 No

[Previous](#) [Next](#)

  
FOOD BANK  
of ALASKA  
2192 Viking Dr  
Anchorage, AK 99501  
907-272-FOOD  
foodbankofalaska.org

18. Fill out all the children's information and then proceed to the agreement page

Is Child 1 eligible to receive free or reduced price meals through the National School Lunch Program (NSLP) from their school?

Yes  
 No  
 Child is not enrolled in School  
 School does not participate in National School Lunch Program

Does Child 1 have any dietary restrictions?

Yes  
 No

[Previous](#) [Next](#)

  
FOOD BANK  
of ALASKA  
2192 Viking Dr  
Anchorage, AK 99501  
907-272-FOOD  
foodbankofalaska.org

19. Read agreement and have legal guardian sign

Other Summer Food Service Program (SFP) sites. It helps us keep everything fair and square.

**4. Let's Get Started!**

Sign below to show you're on board with participating in the program.

Signature of legal Guardian



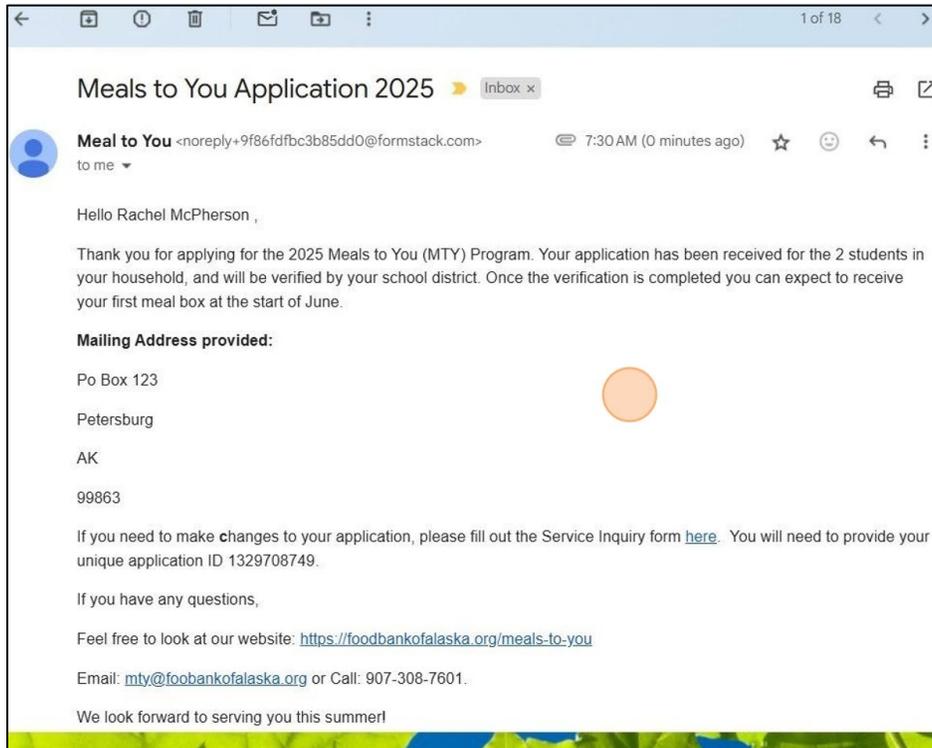
[\[clear\]](#)

Use your mouse or finger to draw your signature above

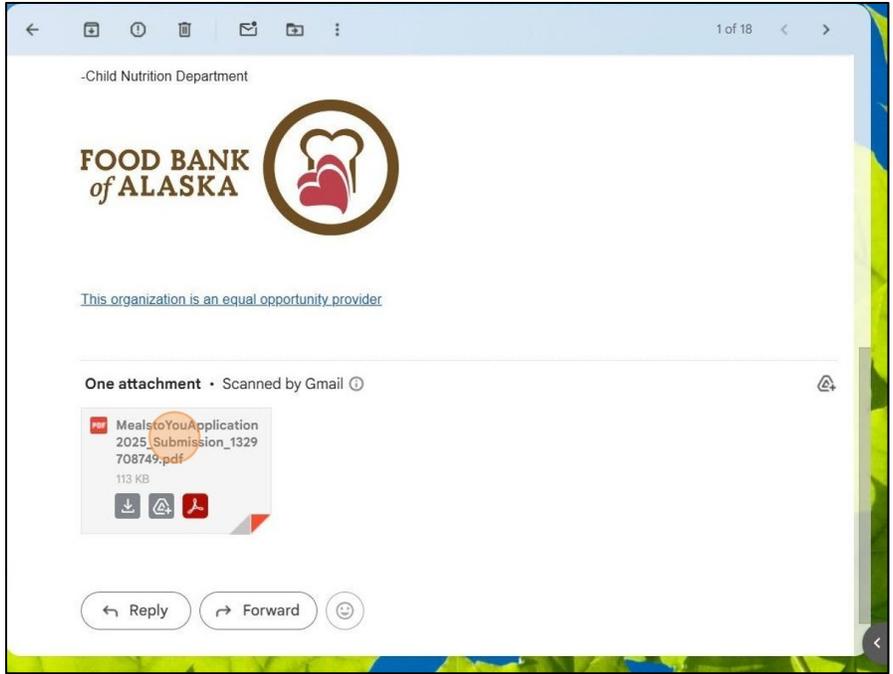
[Previous](#) [Submit Form](#)



20. If email was given on application a submission email should be waiting in your inbox



21. The attachment to this email is a PDF with all the detail of the application to keep for your records



22. Thank you for applying for the MTY 2025 program

# Meals to You Summer Meals 2025 Program



2025 Application