



# Off-Campus Meal Plan Application

Itasca Community College  
 Student Services Office – 107 Backes Student Center  
 1851 East Highway 169  
 Grand Rapids, MN 55744  
 1-800-996-6422 or 218-322-2320  
 Fax: 218-322-2325

Itasca Community College allows students who live off-campus a once a semester opportunity to purchase a meal plan with anticipated financial aid funds. *The benefits of this plan include easy access to meals during the school day and not having to pay sales tax on purchased food/drink items!*

This application must be completed by the 7<sup>th</sup> business day of each semester to allow sufficient times to post charges before financial aid is disbursed. Students wishing to “charge” their meal plan cost against their pending financial aid will need to complete the form below. Final approval is given by the ICC Financial Aid Office.

- Students living in Itasca or Wenger SHOULD NOT complete this form as your meal plan has already been charged to your account.
- Athletes coming to campus in early August who will live in Itasca or Wenger Hall may complete this form but must choose a cost plan to cover only ONE MONTH of food costs (\$250 or less).
- **Any balance leftover at the end of the semester WILL NOT CARRYOVER to the next semester.**
- Student ID cards are required for meal plan purchases. You may NOT give your student ID to other students for meal plan purchases. For your protection, we will reject any student ID that does not match the individual making the purchase.

If a student totally withdraws from school, any unused meal plan money is refunded according to the total withdrawal/refund policy found at [www.itascacc.edu/policies](http://www.itascacc.edu/policies). PURCHASE CAREFULLY!

Student Name \_\_\_\_\_ Student Tech ID \_\_\_\_\_

Permanent Mailing Address of Student \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Plan Options:    \$100\_\_\_\_    \$150\_\_\_\_    \$200\_\_\_\_    \$250\_\_\_\_    \$300\_\_\_\_    \$350\_\_\_\_  
                       \$400\_\_\_\_    \$450\_\_\_\_    \$500\_\_\_\_    \$550\_\_\_\_    \$600\_\_\_\_    \$660\_\_\_\_

Semester:         Fall \_\_\_\_\_         Spring \_\_\_\_\_

By signing below, I hereby request authorization to charge my meal plan costs against my pending financial aid for the semester indicated above. I understand that if approved, this authorization will be for no more than \$660.00 and must be used for food/beverage purchases at the ICC Viking Grill. I authorize ICC to add this meal plan cost to my ICC student account. I agree to pay for the meal plan amount listed above from available financial aid funds (if eligible) at the time of disbursement. I understand I am responsible to pay for this meal plan even if I do not complete my financial aid file, my financial aid eligibility is terminated, do not enroll in enough credits to receive funding, do not complete student loan requirements, or do not have enough aid funds to cover this meal plan. I understand that failure to pay all charges on my account will prevent me from registering for future courses and a hold placed on all academic records at ICC until my account is paid in full. I understand that if I do not pay, my account balance will be turned over to the MN Department of Revenue – Collection Division for collection of this debt. I may cancel this authorization in writing to the ICC Financial Aid Office prior to the 11<sup>th</sup> business day of the semester. If the meal plan was utilized for meal/drink purchases prior to that date, I am responsible for paying ICC for actual charges incurred.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to:    ICC Financial Aid Office  
                                   1851 E Hwy 169  
                                   Grand Rapids MN 55744  
                                   FAX: 218-322-2325

Itasca Community College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, gender identity, gender expression or membership or activity in a local commission as defined by law. This information is available in alternative format upon advance request by contacting Ann Vidovic, 14 Backes Student Center, [ann.vidovic@itascacc.edu](mailto:ann.vidovic@itascacc.edu), 218-322-2433 or 1-800-996-6422 ext. 2433. This document is available in alternative formats to individuals with disabilities. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

Office Use Only:    Valid FAFSA on file?    Yes    No        On Campus?    Yes    No        FA Initials: \_\_\_\_\_        Date: \_\_\_\_\_  
                           Plan entered in VG computer system:        Yes    No        VB Initials: \_\_\_\_\_        Date: \_\_\_\_\_  
                           Charge assessed in ISRS housing module?        Yes    No        FA Initials \_\_\_\_\_        Date: \_\_\_\_\_