



# Off-Campus Meal Plan Application

Minnesota North College Itasca Campus  
Viking Grill/Department of Residential Living  
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 an opportunity to purchase a meal plan with anticipated financial aid funds or out of pocket through billing in eServices. *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. If financial aid does not cover the cost, it is an out of pocket expense that is the responsibility of the student. Final approval is given by the Director of Residential Living & Food Services.

- Students living in Itasca or Wenger SHOULD NOT complete this form as your meal plan has already been charged to your account. In certain circumstances, resident students can add funds to their meal plan account using this form.
- There is no food service prior to the first day of school. Early arrival students & athletes should prepare accordingly.
- **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 on the Minnesota North College website. **PURCHASE CAREFULLY!**

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

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

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

Plan Options:    \$100\_\_\_\_    \$200\_\_\_\_    \$300\_\_\_\_    \$400\_\_\_\_    \$500\_\_\_\_    \$600\_\_\_\_

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

By signing below, I hereby request authorization to charge my meal plan costs against my student account. I understand that if approved, this authorization will be for no more than \$600.00 and must be used for food/beverage purchases at the Itasca Viking Grill. I authorize Itasca to add this meal plan cost to my 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 Itasca 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 Itasca Department of Residential Living 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 Itasca for actual charges incurred.

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

Return this form to:        Itasca Food Service – Viking Grill  
1851 E Hwy 169  
Grand Rapids MN 55744  
FAX: 218-322-2325

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Office Use Only:    Tech ID in StarRez?                    Yes    No                    DRL Initials: \_\_\_\_\_                    Date: \_\_\_\_\_  
                                 Billing entered in StarRez?                    Yes    No                    DRL Initials: \_\_\_\_\_                    Date: \_\_\_\_\_  
                                 Entered in Food Services POS?                    Yes    No                    FS Initials \_\_\_\_\_                    Date: \_\_\_\_\_