

WEST VIRGINIA DEPARTMENT OF EDUCATION
Office of Child Nutrition
MASTER LIST
Free/Reduced Applications

SPONSOR _____

PROGRAM YEAR _____

CHILD'S NAME	CATEGORY			RACE	DATE ENTERED	DATE LEFT	DATE CHANGE OF STATUS
	FREE	REDUCED	PAID				
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							