mercy for my neighbor
1738 John F. Kennedy Blvd. Jersey City, NJ 07305

February 26th, 2025

Dear Parents,

In order to keep records and confirm eligibility, our organization requires **ALL** participants of the ***Weekend Meals for School-aged Youth*** program to submit a School Enrollment and School Free Meals Program Verification.

As a result, we need your child's Scholl to complete the below section as soon as possible.

Thank you for your cooperation!

Regards,

Natalia Martinez
COO
Mercy for My Neighbor

P.S: The section below **MUS**T be completed and e-mailed to us by your child's school **ONLY.**

This letter serves as verification that _____ (Student Name), _____ (Date of Birth), has been actively enrolled in _____(Grade) and has qualified for the Free Meals Program at _____ (School Name), in Hudson County for the **2024-2025** School Year.

Issued By _____ (School Official Name and Title)

_____ (School Official Signature)

And/or Official School Stamp