



# Sample Challenge Submission Form

Educator Name \_\_\_\_\_

Educator Email \_\_\_\_\_

Educator Phone ( \_\_\_\_\_ ) \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address City State Zip

Project or Team Name \_\_\_\_\_

Project Goal \_\_\_\_\_

Project Description – overview and outcomes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List which hunger organizations you worked with \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# of people helped or impacted by project \_\_\_\_\_

# of Students in Program \_\_\_\_\_

# of parents involved in Project (if applicable) \_\_\_\_\_

Total dollars raised (if applicable) \$ \_\_\_\_\_

Total amount of food collected (if applicable) \_\_\_\_\_

Total meals prepared/served (if applicable) \_\_\_\_\_

- Video Story Upload – video file (1 minute or shorter) Accepted file types: mov, mp4, wmv, flv, mkv
- Other Documents/Uploads
- Permission Document Upload (available on website) – Accepted file types: doc, pdf

How did the lessons and project affect students? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did the program affect you, the adult leader? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_