School Year 2018 - 2019
Economically Disadvantaged Application

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School:_____Grade:_____Student Number: _____

Student Name:_____

Please select the income range that represents the total gross income:

○ Less than $22,459

○ Between $22,459 and $30,451

○ Between $30,451 and $38,443

○ Between $38,443 and $46,435

○ Between $46,435 and $54,427

○ Between $54,427 and $62,419

○ Between $62,419 and $70,411

○ Between $70,411 and $78,403

○ Between $78,403 and $86,395

○ Between $86,395 and $94,387

○ Between $94,387 and $102,379

○ Between $102,379 and $110,371

Please select the total number of people in your household:

○ One (1)

○ Two (2)

○ Three (3)

○ Four (4)

○ Five (5)

○ Six (6)

○ Seven (7)

○ Eight (8)

○ Nine (9)

○ Ten (10)

○ Eleven (11)

○ Twelve (12)

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here:_____**Date:** _____

Print Name: _____

For Office use only:

○ Qualified   ○ Not Qualified