

School Year 2019 - 2020 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:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$22,459 | <input type="radio"/> Between \$46,435 and \$54,427 | <input type="radio"/> Between \$78,403 and \$86,395 |
| <input type="radio"/> Between \$22,459 and \$30,451 | <input type="radio"/> Between \$54,427 and \$62,419 | <input type="radio"/> Between \$86,395 and \$94,387 |
| <input type="radio"/> Between \$30,451 and \$38,443 | <input type="radio"/> Between \$62,419 and \$70,411 | <input type="radio"/> Between \$94,387 and \$102,379 |
| <input type="radio"/> Between \$38,443 and \$46,435 | <input type="radio"/> Between \$70,411 and \$78,403 | <input type="radio"/> Between \$102,379 and \$110,371 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> 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