(Template)

**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 annual gross income:

|  |  |  |
| --- | --- | --- |
|  Less than $22,459 |  Between $46,435 and $54,427 |  Between $78,403 and $86,395 |
|  Between $22,459 and $30,451 |  Between $54,427 and $62,419 |  Between $86,395 and $94,387 |
|  Between $30,451 and $38,443 |  Between $62,419 and $70,411 |  Between $94,387 and $102,379 |
|  Between $38,443 and $46,435 |  Between $70,411 and $78,403 |  Between $102,379 and $110,371 |

Please select the total number of people in your household:

|  |  |  |
| --- | --- | --- |
|  One (1) |  Five (5) |  Nine (9) |
|  Two (2) |  Six (6) |  Ten (10) |
|  Three (3) |  Seven (7) |  Eleven (11) |
|  Four (4) |  Eight (8) |  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