**School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 $22,311 |  Between $45,510 and $53,243 |  Between $76,442 and $84,175 |
|  Between $22,311 and $30,044 |  Between $53,243 and $60,976 |  Between $84,175 and $91,908 |
|  Between $30,044 and $37,777 |  Between $60,976 and $68,709 |  Between $91,908 and $99,641 |
|  Between $37,777 and $45,510 |  Between $68,709 and $76,442 |  Between $99,641 and $107,374 |

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