(Template)

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:____ Please select the income range that represents the total annual gross income: Less than \$23,107 Between \$47,638 and \$55,518 Between \$80,346 and \$88,523 Between \$88,523 and \$96,700 Between \$55,518 and \$63,992 Between \$23,107 and \$31,284 Between \$31,284 and \$39,461 Between \$63,992 and \$72,169 Between \$96,700 and \$104,877 Between \$72,169 and \$80,346 Between \$104,877 and \$113,054 Between \$39,461 and \$47,638 Please select the total number of people in your household: One (1) Five (5) Nine (9) Two (2) Ten (10) Eleven (11) Three (3) Seven (7) **)** Four (4) 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