(Template)

**School Year 2023 - 2024**

**Economically Disadvantaged Form**

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 $26,973 | Between $55,500 and $65,009 | Between $93,536 and $103,045 |
| Between $26,973 and $36,482 | Between $65,009 and $74,518 | Between $103,045 and $112,554 |
| Between $36,482 and $45,991 | Between $74,518 and $84,027 | Between $112,554 and $122,063 |
| Between $45,991 and $55,500 | Between $84,027 and $93,536 | Between $122,063 and $131,572 |

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