(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