(Template)

**School Year 2024 - 2025**

**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 $27,861 | Between $57,720 and $67,673 | Between $97,532 and $107,485 |
| Between $27,861 and $37,814 | Between $67,673 and $77,626 | Between $107,485 and $117,438 |
| Between $37,814 and $47,767 | Between $77,626 and $87,579 | Between $117,438 and $127,391 |
| Between $47,767 and $57,720 | Between $87,579 and $97,532 | Between $127,391 and $137,344 |

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