(Template)

**School Year 2020 - 2021**

**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 $23,606
- [ ] Between $23,606 and $31,894
- [ ] Between $31,894 and $40,182
- [ ] Between $40,182 and $48,470
- [ ] Between $48,470 and $56,758
- [ ] Between $56,758 and $65,046
- [ ] Between $65,046 and $73,334
- [ ] Between $73,334 and $81,622
- [ ] Between $81,622 and $89,910
- [ ] Between $89,910 and $98,198
- [ ] Between $98,198 and $106,486
- [ ] Between $106,486 and $114,774

Please select the total number of people in your household:

- [ ] One (1)
- [ ] Two (2)
- [ ] Three (3)
- [ ] Four (4)
- [ ] Five (5)
- [ ] Six (6)
- [ ] Seven (7)
- [ ] Eight (8)
- [ ] Nine (9)
- [ ] Ten (10)
- [ ] Eleven (11)
- [ ] 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