

(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:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$23,606 | <input type="radio"/> Between \$48,470 and \$56,758 | <input type="radio"/> Between \$81,622 and \$89,910 |
| <input type="radio"/> Between \$23,606 and \$31,894 | <input type="radio"/> Between \$56,758 and \$65,046 | <input type="radio"/> Between \$89,910 and \$98,198 |
| <input type="radio"/> Between \$31,894 and \$40,182 | <input type="radio"/> Between \$65,046 and \$73,334 | <input type="radio"/> Between \$98,198 and \$106,486 |
| <input type="radio"/> Between \$40,182 and \$48,470 | <input type="radio"/> Between \$73,334 and \$81,622 | <input type="radio"/> Between \$106,486 and \$114,774 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> 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