

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:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$26,973 | <input type="radio"/> Between \$55,500 and \$65,009 | <input type="radio"/> Between \$93,536 and \$103,045 |
| <input type="radio"/> Between \$26,973 and \$36,482 | <input type="radio"/> Between \$65,009 and \$74,518 | <input type="radio"/> Between \$103,045 and \$112,554 |
| <input type="radio"/> Between \$36,482 and \$45,991 | <input type="radio"/> Between \$74,518 and \$84,027 | <input type="radio"/> Between \$112,554 and \$122,063 |
| <input type="radio"/> Between \$45,991 and \$55,500 | <input type="radio"/> Between \$84,027 and \$93,536 | <input type="radio"/> Between \$122,063 and \$131,572 |

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