

(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:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$27,861 | <input type="radio"/> Between \$57,720 and \$67,673 | <input type="radio"/> Between \$97,532 and \$107,485 |
| <input type="radio"/> Between \$27,861 and \$37,814 | <input type="radio"/> Between \$67,673 and \$77,626 | <input type="radio"/> Between \$107,485 and \$117,438 |
| <input type="radio"/> Between \$37,814 and \$47,767 | <input type="radio"/> Between \$77,626 and \$87,579 | <input type="radio"/> Between \$117,438 and \$127,391 |
| <input type="radio"/> Between \$47,767 and \$57,720 | <input type="radio"/> Between \$87,579 and \$97,532 | <input type="radio"/> Between \$127,391 and \$137,344 |

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