

School Year 2022 - 2023 **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:

O Less than \$23,606	O Between \$48,470 and \$56,758	O Between \$81,622 and \$89,910
O Between \$23,606 and \$31,894	O Between \$56,758 and \$65,046	O Between \$89,910 and \$98,198
O Between \$31,894 and \$40,182	O Between \$65,046 and \$73,334	O Between \$98,198 and \$106,486
O Between \$40,182 and \$48,470	O Between \$73,334 and \$81,622	O Between \$106,486 and \$114,774

Please select the total number of people in your household:

O One (1)	O Five (5)	O Nine (9)
О тwo (2)	O Six (6)	O Ten (10)
O Three (3)	O Seven (7)	O Eleven (11)
O Four (4)	O Eight (8)	O 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:	
O Qualified	O Not Qualified