

White Rock School
School Year 2019 – 2020
Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

Student Name: _____ Grade: _____

Please select the income range that represents the total annual gross income:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$23,107 | <input type="radio"/> Between \$47,638 and \$55,518 | <input type="radio"/> Between \$80,346 and \$88,523 |
| <input type="radio"/> Between \$23,107 and \$31,284 | <input type="radio"/> Between \$55,518 and \$63,992 | <input type="radio"/> Between \$88,523 and \$96,700 |
| <input type="radio"/> Between \$31,284 and \$39,461 | <input type="radio"/> Between \$63,992 and \$72,169 | <input type="radio"/> Between \$96,700 and \$104,877 |
| <input type="radio"/> Between \$39,461 and \$47,638 | <input type="radio"/> Between \$72,169 and \$80,346 | <input type="radio"/> Between \$104,877 and \$113,054 |

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