

Sources of Income for CHILDREN/STUDENTS: Earnings from work, Social Security (Disability Payments, Survivor's Benefits), or Income from any other Source (Pension, Annuity, Trust Fund) from State or local government for ADULTS: Earnings from Work (Salary, Wages, Cash Bonuses, Net Income from self-employment), Public Assistance/Alimony/Child Support (Unemployment, Worker's Compensation, SSA, Cash Assistance, Interest, Rental Income, Cash Payments)

A. CHILDREN and STUDENT Household Members

1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.
 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.

First	MI	Last	Grade	Student	School Name	Grade	Homeless Migrant Foster	Income	Income	Income	CIRCLE Frequency
			S O				H M R F	\$	Weekly	Monthly	Bi-Monthly
			S O				H M R F	\$	Weekly	Monthly	Bi-Monthly
			S O				H M R F	\$	Weekly	Monthly	Bi-Monthly
			S O				H M R F	\$	Weekly	Monthly	Bi-Monthly
			S O				H M R F	\$	Weekly	Monthly	Bi-Monthly
			S O				H M R F	\$	Weekly	Monthly	Bi-Monthly

C. ADULT Household Members

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report.
 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: for more information on types of income see the "Sources of Income for ADULTS" chart on page 2 or the reverse side of this application.

Head of Household	Other Adult	Other Adult	Other Adult	Other Adult	Other Adult

E. Attestation: As an adult household member must sign this application, I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my child/ren may lose meal benefits and I may be prosecuted under State and Federal Laws.

Head of Household Signature: _____ Today's Date: _____
 Printed Name: _____ Email: _____
 Contact Number: _____ Address: _____
 City: _____ State: _____ Zip Code: _____

For BAND Use Only: Total Household Income: Weekly Bi-Weekly Monthly Bi-Monthly Annually

Eligibility Determination: \$50.00 \$75.00

Reason for Denial of Eligibility: _____
 Districting Officer's Signature & Date: _____
 Verifying Officer's Signature & Date: _____



D. Household Total
 ENTER Total Number of Household Members (Children and Adults) HERE

F. Child(ren)'s Ethnic and Racial Identities (choose all that apply):
 Not Hispanic or Latino
 Hispanic or Latino
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

WEST LINCOLN HIGH SCHOOL
MARCHING REBELS
2018 – 2019

FINANCIAL AID PLEDGE

**I(We) understand that, if accepted for financial aid, I(we) will be required to take part in ALL fundraisers through selling and/or working off (as deemed necessary) any amount that has been provided for assistance. I understand that if I do not participate in these fundraisers, I may be denied any future Financial Aid assistance. I agree to uphold all payment plans and responsibilities as the parent/guardian of the below-mentioned student.

Parent/Guardian:

Signature: _____ Date: _____

Printed: _____ Date: _____

Student:

Signature: _____ Date: _____

Printed: _____ Date: _____

All of the above information will be treated in a strictly confidential manner. If any information provided is found to be false, Financial Aid will **NOT** be awarded.

-Please complete, place in a sealed envelope and place in the Band Booster Box in Mr. Brown's office by May 21st, 2018. Requests turned in late will not be considered. Students are eligible receive reduced fees if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART					
Effective For School Year July 1, 2017- June 30, 2018					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional person:	\$7,733	\$645	\$323	\$298	\$149