2018 – 2019 West Lincoln High School Band Financial Aid Application 172 Shoal Rd, Lincolnton, NC 28092 – Attn: Mr. Taylor Brown (Complete one application perhousehold. Please use a pen.)

Sources of Income for ADULTS: Farnings from Work (Salary, Wages, Cash Bonuses, Net Income from self-employment), Public Assistance/Allmony/Child Support (Unemployment, Worker's Compensation, SSI, Cash Assistance Interest, Rental Income, Cash Payments from State or local government, Alimony, Child Support, Veteran's benefits, Strike Benefits), Pensions/Retirement/All Other Income (Social Security, Pensions, Disability Benefits, Trusts, Estates, Annuities, Investment Income, 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)

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A CHI	A. CHILDREN and STUDENT Household Members	roid Member	3				CHILDREN	TUDENTS char	on page 2	x the reverse si	CHILDREN/STUDENTS" chart on page 2 or the reverse side of this application.	
a) LIST (I	1) UST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including	DREN and cluding	If applicable, for each STUDENT in the household please ENTER the Name of the	ach STUDENT in th		lf opplicable, please CIRCLE if a		CHILD/STUDENT INCOME Earnings from Work	A OME	сниь/s	CHILD/STUDENT INCOME	
2) CIRCLE that are no household.	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.	her children d's role in the	School where the student is currently enrolled and their current Grade.	Student is current) current Grade.		Homeless Migrant	'	ENTER total gross income amount (before deductions) in whole dallars only. (5000)	e amount whole 0)	ALLE	from ALL OTHER Sources	EC BVND L21
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		,	IJ For EACH ADULT household member (including yourself) ENTER ALL types and amounts of income received. Picase INSERT a "If in Indiana NO INCOME when amounts in the former field is but blank in another than is no imposed to senot	ousehold member (in	chuding yo	urselj) ENTER AL	t types and amou	its of income rec	ehed Piecs		D. Household Total	
, A	L. ADOLI Housenoid Members		2) USE whole dollar amaunts 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.	mounts only (no cent chart on page 2 or th	s) (ex. \$10	00). NOTE: For n ide of this applic	nore information on the state of the state o	n types of incon	he see the "I	ounces of	ENTER Total Number of Household	of Household
UST A	LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.	FIRST and income.	Earnings from WORK	CHOLE	Public Assistance/ Almony/		CRECLE	Pensions/ Retirement/	3 0	CHCLE	Members frammen and warms area.	and ordered in the second
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E. Attes	E. Attestation: An adult household Member must sign the application.	est sign the applica		5	Sylve oblogica	tion is true and that	all lacasse is reporte	d. Funderstand the	z ekis informo		<u>u</u>	gardless of ethnicity):
in commection ander State	is connection with the receipt of federol funds, and that school officials may verify (check) the information. Lam owers shot if (purposely give faits information, my children) may be meal benefits and I may be prosecuted under Stote and Federal Laws."	st school afficiats m	ay verify (check) the inform	mation. <i>Lom</i> aware tha	t iff i pumpos	rly give false informs	stront was consequent to	nay lase meal bane	fits and I may	be prosecuted		C. 20076
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Printed Name:				Contact Numbers		G,	71	3326	Å ñ	Zip Godes	O White	Native Hawaiian or other Pacific Islander White
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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 <u>ALL</u> 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:

-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.

	Effective F	·	COME CHART July 1, 2017- Jur	ne 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	\$64 5	\$323	\$298	\$149

^{**}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.**