

Due September 16, 2010

FAMILY NEED APPLICATION

K-12 LOW INCOME ASSISTANCE PROGRAM Southeastern California Conference of SDA

Parents'/Guardian Name _____ Phone _____
Last, First

Address _____, CA _____
Street/Box Number City Zip

- 1. Adjusted gross family income \$ _____
(1040 Line 37, 1040A Line 21, 1040EZ Line 4 of 2009 Return)
- 2. MINUS \$3,600 for each child in family (_____ x \$3,600) \$ _____
(Must count as dependent on IRS Form 1040)
- 3. *Adjusted family income \$ _____

The above information has been verified.

Signed by: _____ Principal or Business Manager
_____ NAME OF SCHOOL

Name of Student	Grade	School to Attend
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Plus names of children not attending our schools)

(Age)

INCOME QUALIFICATION

A family of a constituent church may qualify for the Low Income Assistance Program if the ***Adjusted Family Income is at or below \$33,241. (Line 3)**

OFFICE OF EDUCATION

USE ONLY

CONFERENCE LOW INCOME SCHOLARSHIP
ALLOCATED FOR 2010-11 SCHOOL YEAR

- \$ _____ YEARLY
- \$ _____ YEARLY
- \$ _____ YEARLY
- \$ _____ YEARLY
- \$ _____ YEARLY
- \$ _____ YEARLY