

FAMILY NEED APPLICATION
SOUTHEASTERN CALIFORNIA CONFERENCE K-12 LOW INCOME ASSISTANCE PROGRAM

Due September 15, 2017

A FAMILY APPLICATION TO BE COMPLETED AND DELIVERED TO THE SCHOOL ADMINISTRATOR WHO WILL COMPLETE SECTION B

Parent/Guardian Name: _____ Phone _____
Last Name First Name

Address: _____
Street City State Zip

Name of church where membership is held for parent or guardian: _____

1. Adjusted gross family income \$ _____
(1040 Line 37, 1040A Line 21, 1040EZ Line 6 of 2016 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 \$ _____

Signed by: _____ Parent/Guardian Signature

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

(Plus names of children not attending our schools)

(Age)

INCOME QUALIFICATION

A family of a constituent church in SECC may qualify for the Low Income Assistance Program if the *Adjusted Family Income is at or below \$41,000. (Line 3)

B TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR, THEN SENT TO SECC OFFICE OF EDUCATION.

The information has been verified. Application is recommended by:

Principal or Business Manager Signature

School Name: _____

C SECC OFFICE USE ONLY

CONFERENCE LOW INCOME
ALLOCATED FOR 2017-18 SCHOOL YEAR

\$ _____ YEARLY

\$ _____ YEARLY

\$ _____ YEARLY

\$ _____ YEARLY

\$ _____ YEARLY

\$ _____ YEARLY