FAMILY NEED APPLICATION

SOUTHEASTERN CALIFORNIA CONFERENCE • K-12 LOW-INCOME ASSISTANCE PROGRAM

DUE TO SECC OFFICE OF EDUCATION: 1ST Semester on SEPTEMBER 23, 2024 / 2ND Semester on FEBRUARY 3, 2025

A FAMILY APPLICATION: To be completed and delivered to the school administrator, who will complete SECTION B.				A family of a constituent church in SECC may qualify for the
Parent/Guardian: Ph			_ Phone:	Low-Income Assistance Program if the *Adjusted Family Income is at or below \$46,560. (Line 3, Section A)
	Street	City	State Zip	B TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR
Name	of church where membership is held for	parent or guardian:		_
1	. Adjusted gross family income: (1040 Line 11, 1040A Line 21 of 2023 Return)		\$	The information in this form has been verified. Application is recommended by:
 MINUS \$3,600 for each child in the family (x \$3,600): (Must count as dependent on IRS Form 1040) 		\$	Principal or Business Manager Signature	
3	. *Adjusted family Income:		\$	School Name:
Signed by: Parent/Guardian Signature				Once verified, please send this application to the SECC Office of Education.
	Name of Student	Grade	School to Attend	C SECC OFFICE USE ONLY Low-Income allocated for the 2024-2025 school year
(Ple	ase include names of children not attending our schools.)	(Age)		