FAMILY NEED APPLICATION

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

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

A FAMILY APPLICATION: To be completed and delivered to the school administrator, who will complete SECTION B.			INCOME QUALIFICATION A family of a Seventh-day Adventist constituent church
Last Name First Name			in SECC may qualify for the Low-Income Assistance Program if the *Adjusted Family Income is at or below \$46,560. (Line 3, Section A)
Address:			B TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR
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
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(Please include names of children not attending our schools.)	(Age)		