

**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