ABERDEEN SCHOOL DISTRICT NO. 5

2023-24 Application for Educational Benefits

Return this form to your student's school.

Complete one application per household

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

Step 1: List all students living with you	u that are atte	ndin	g scho	ol.																
Student's Last Name Student's First Name			Middle Initial		1 Date of	Date of Birth		School									Grade			
Step 2: Do you consent in sharing you	r child's eligibi	ility s	tatus	to wai v	e fees	for school	athlet	ics a	nd extr	acurr	icular activities	? 🔲	YES	☐ NO)					
Step 3: Are any of the listed students:	_	-																		
Step 4: Do any household members p	articipate in:	П	— Basic F	ood [TAN	F Food I	— Distrib	oution	n on Inc	dian F	Reservation (FDF	PIR)								
Step 5: Household Income: List all ho	•					_					•	•	ort to	otal gro	ss inc	come (before	taxes	and (deduct	ions
Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Public Assistance/ Child Support/ Alimony	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Pensions/ Retirement/ Social Security (SSI)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Any Other Income Not Already Listed	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly
	\$					5					\$					\$				
	\$					5					\$					\$				
	\$					5					\$					\$				
	\$					5					\$					\$				
Step 5: Contact Information & Signat additional state and federal funds bas with other programs or agencies to su	ed on the info	rmat	ion I g	ive. I u	nderst	and that sch					-					•				
Printed Name of Adult Household Member				Adu	Adult Household Member Signature							E-mail Address								
Mailing Address			_	City, State, & Zip Code							Daytime Phone Date					—				

Page 1 of 2 June 2023 This institution is an equal opportunity provider.

		SCHOOL USE	ONLY - DO NO	T WRITE BELO	W THIS LINI	E				
ANNUAL INCO	OME CONVERSION: Weekly x 52;	Bi-Weekly x 26; Twice per month x 2	4; Monthly x 12	. (Do I	IOT conver	t to annual incom	ne unless househ	old reports multiple	pay frequer	ncies).
APPROVAL:	☐ Basic Food/TANF/FDPIR/Fo☐ Income Household	oster Total Household S Total Household Ir	_			Weekly	Bi-Weekly	2x per Month	Monthly	Annual
Family Income S	Survey qualifies for household at o	or below the income eligibility guidel	ines listed belov	w: Yes		☐ No				
Date Notice Sent	Si _l	ignature of Approving Official			Date					

Income Eligibility Guidelines Effective from July 1, 2023, through June 30, 2024

	Income										
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly						
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519						
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702						
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885						
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068						
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251						
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434						
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616						
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799						
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183						