

FAMILY NEED APPLICATION

SOUTHEASTERN CALIFORNIA CONFERENCE K-12 LOW INCOME ASSISTANCE PROGRAM

Due September 21, 2020

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 7, 1040A Line 21 of 2019 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

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 \$42,000. (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 2020-21 SCHOOL YEAR

- \$ _____ YEARLY
- \$ _____ YEARLY
- \$ _____ YEARLY
- \$ _____ YEARLY
- \$ _____ YEARLY
- \$ _____ YEARLY

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

(Plus names of children not attending our schools) (Age)