

**FAMILY NEED APPLICATION**  
SOUTHEASTERN CALIFORNIA CONFERENCE K-12 LOW INCOME ASSISTANCE PROGRAM

*Due September 14, 2018*

**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 37, 1040A Line 21, 1040EZ Line 6 of 2017 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

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

(Plus names of children not attending our schools)

(Age)

**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 \$41,000. (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 2018-19 SCHOOL YEAR

\$ \_\_\_\_\_ YEARLY

\$ \_\_\_\_\_ YEARLY

\$ \_\_\_\_\_ YEARLY

\$ \_\_\_\_\_ YEARLY

\$ \_\_\_\_\_ YEARLY

\$ \_\_\_\_\_ YEARLY