

# FAMILY NEED APPLICATION

SOUTHEASTERN CALIFORNIA CONFERENCE K-12 LOW INCOME ASSISTANCE PROGRAM

*Due September 13, 2019*

**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 2018 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 2019-20 SCHOOL YEAR

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

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

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

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

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

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

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

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