SNACS Preschool Development Grant Program 2019-2020 Application

Student Name:_____ DOB:_____/_____/_____

Address:_____
Street City/State Zip code

Legal guardian #1:_____ Relationship:_____

Home phone: _____ Cell Phone: _____ Work Phone: _____Email: _____

Legal guardian #2:_____ Relationship:_____

Home phone: _____ Cell Phone: _____ Work Phone: _____Email: _____

Parent/Guardians are: ☐ Living together ☐ Divorced ☐ Separated ☐ Other

Student Lives with:_____ Court papers: Yes / No If yes, please provide a copy.

Family income: Please circle the box that applies to the number of people residing in your household and provide individual names. Circle the corresponding income to the family size. To qualify the family income must be less than the income shown in the 200%ile range. Please attest to the accuracy of the household and family income by initialing in the box provided the family size an associated income.

List ALL family members residing in home:

Household Size	100%	125%	150%	175%	200%
1	$12,140	$15,175	$18,210	$21,245	$24,280
2	$16,460	$20,575	$24,690	$28,805	$32,920
3	$20,780	$25,975	$31,170	$36,365	$41,560
4	$25,100	$31,375	$37,650	$43,925	$50,200
5	$29,420	$36,775	$44,130	$51,485	$58,840
6	$33,740	$42,175	$50,160	$59,045	$67,480
7	$38,060	$47,575	$57,090	$66,605	$76,120
8	$42,380	$52,975	$63,570	$74,165	$84,760

Provide proof of income in one of the following ways (1 time per year)

- 2017 Tax return
- Pay stub (most recent, 1 month in total)
- Letter from Employer
- Homeless Verification
- SSI Benefit letter/ verification
- Unemployment verification
- Medicaid/Medicare verification
- Other (as approved by PDGBP/NDE)

By signing this document, I state that the above information is current and correct.

_____ _____ _____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

Date received: ____/_____/_____Birth Certificate: _____ Income verification:_____ Valid ID: _____
Proof of Residence: _____Registrar Initials: _____ Director Initials: _____