

St. Ann School

2024 - 2025 Free and Reduced Lunch Application

One application per household. Please use a pen (not a pencil)

STEP 1: List All Household Members who are infants, children, and students up to an including grade 12 (if more lines are required for additional names, attach another sheet of paper).

Definition of Household Member. "Anyone who is living with you and shares income and expenses, even if not related.

Child's First Name	Last Name	Student?		School	Grade
		Yes	No		
1) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

STEP 2: Report income for ALL Household Members (including yourself)

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?				Public Assistant	How Often?				Other Income	
		Weekly	Bi Weekly	Monthly	Annual		Weekly	Bi-weekly	Monthly	Annual		How Often
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____

Along with your application, please provide the following. BEFORE your Free and Reduced Application can be evaluated, we will need the following documentation requested.

- One (1) month worth of pay stubs
- Proof of other income _____
- Other (*specify*): _____
- No documentation is needed

STEP 3: Contact information and adult signature.

“I certify (promise) that all information on this application is true and that all income is reported.

Street Address _____	Apt # _____	City _____	State _____	Zip Code _____	Day time phone and email _____
Printed name of Adult Signing Form _____		Signature of Adult _____			Today's Date _____

Sources of Income		
Earnings from Work <ul style="list-style-type: none"> • Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> • Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> • Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

DO NOT FILL OUT: For school use only

Total Income _____	How often? Weekly _____	Household Size _____	Categorical Eligibility Free <input type="checkbox"/>
	Every 2 Weeks _____		Reduced <input type="checkbox"/>
	Monthly _____		Denied <input type="checkbox"/>

If there are changes to your financial situation, you may reapply at any time during the school year. If you wish to review the decision further or have any questions, please call the school office at 231.775.1301.

St. Ann School doesn't discriminate based on race, color, national origin, sex, disability, or age.