

**APPLICATION FOR EDUCATIONAL BENEFITS – 2024-2025 SCHOOL YEAR**

THIS FORM TO BE USED ONLY IN SCHOOLS THAT SERVE FREE MEALS THROUGH THE CEP PROGRAM

Central Road • Gray M. Sanborn • Jane Addams • Kimball Hill • Lake Louise • Lincoln • Stuart R. Paddock • Virginia Lake • Winston Campus Elementary  
Carl Sandburg Middle School • Walter R. Sundling Middle School • Winston Campus Middle School • Conyers Learning Academy

**STEP 1 — All Children in CCSD15 Schools living in the Household**

Student ID (optional)	First Name	Last Name	School	F	H	M	R
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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F = Foster, H = Homeless, R = Runaway, M = Migrant

**STEP 2 — Assistance Programs**

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Circle one:** Yes / No

If you answered **NO** > Complete STEP 3.

If you answered **YES** > Write only one case number, then skip to STEP 4.

Case Number:

**STEP 3 — List ALL Household Members and Income** (Skip this step if you answered 'Yes' in STEP 2)

List all household members not listed in STEP 1 even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name

Gross income and how often it is received: **W** = Weekly, **E** = Every 2 weeks, **T** = Twice per month, **M** = Monthly

(First and Last)

	Earnings from Work	How Often?	Public Assistance / Child Support / Alimony	How Often?	Pensions / Retirement / All Other Income	How Often?
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Total Household Members

**STEP 4 — Contact Information and Adult Signature**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information.

Printed name of adult completing the form

Signature of adult completing the form (required)

Today's Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address (if available)

City

State

<input type="text"/>	<input type="text"/>
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ZIP Code

Home Phone Number

Work Phone Number

Email Address (if available)

We will notify you in writing of your status (approved or denied).

**DO NOT FILL OUT — For School Use Only**

Annual Income Conversion: Weekly x52, Every 2 Weeks x26, Twice a Month x24, Monthly x12

Total Income

Weekly     2x Month     Annual  
 Bi-Weekly     Monthly

Household Size

Fee Waiver

Approved  
 Denied

Date Processed