

APPLICATION FOR EDUCATIONAL BENEFITS – 2026-2027 SCHOOL YEAR

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

Gray M. Sanborn • Jane Addams • Kimball Hill • Lake Louise • Lincoln • Virginia Lake • Willow Bend • 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
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

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 (First and Last)	Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly		Public Assistance / Child Support / Alimony		Pensions / Retirement / All Other Income	
	Earnings from Work	How Often?	How Often?	How Often?		

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
Street Address (if available)	City	State 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	Household Size	Fee Waiver	Date Processed
		☐ Approved ☐ Denied	