

Governor Wentworth Regional School District

Brookfield, Effingham, New Durham, Ossipee, Tuftonboro, Wolfeboro

Post Office Box 190, Wolfeboro Falls, New Hampshire 03896-0190

Helping Each Child Create the Future

Expanded Meals Eligibility Application (School Year 2026–2027)

INSTRUCTIONS: Complete all sections of this form. The information you provide will be used to determine your eligibility for an expanded school meal program for **GWRSD**. All information is confidential.

Section 1: Student Information

Please list all students in your household attending Governor Wentworth Regional School District schools.

STUDENTS FULL NAME	NAME OF SCHOOL	GRADE (AS OF 9/2/2026)

Section 2: Household Members and Income

Please list all adults in your household. For each adult, provide the total gross income (before taxes and deductions) for each source of income. (To calculate annual: Weekly \$ X 52, Bi-weekly \$ X 26, Monthly \$ X 12)

NAME OF ADULT	SOURCE OF INCOME	ANNUAL INCOME	NOTES

Other adults or additional income? Please attach an additional sheet if necessary.

Section 3: 2026 Federal Poverty Guidelines (300% FPL)

Your household's total gross income must be at or below the amount listed for your household size to be eligible for the expanded meal program.

Household Size	Estimated Annual Income at 300% FPL
1	\$47,880
2	\$64,920
3	\$81,960
4	\$99,000
5	\$116,040
6	\$133,080
7	\$150,120
8	\$167,160

FOR EACH ADDITIONAL PERSON, ADD \$17,040

Section 4: Household Contact Information and Signature

The information on this form must be certified as true and correct. It is understood that school officials can verify this information and that providing false information can lead to a loss of benefits.

Printed Name of Adult: _____

Signature of Adult: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Optional): _____ Email (Optional): _____

Return this form to your child's school office or to:

Governor Wentworth Regional School District Attn:

Nutrition Services

396 Main Street

Wolfeboro, NH 03894

For School Use Only (Do not write below this line)

Application Outcome:

☐ Approved ☐
Denied

Reason for Denial: _____

Reviewer Signature: _____

Effective Date: _____