

SCHOOL ADMINISTRATIVE UNIT #2

Ashland School District

Inter-Lakes School District

Humiston Building • 103 Main Street Suite 2 • Meredith, New Hampshire 03253

Main Office Tel: (603) 279-7947 • Special Education Tel: (603) 279-3144 • Fax: (603) 279-3044

Mary A. Moriarty
Superintendent of Schools

Ashley Dolloff
Business Administrator

Lisa Holiday
Director of Student Services

Dear Inter-Lakes Families,

We are pleased to inform you that this school year, your child(ren) may be eligible to receive free school meals through the *Fueling Our Future Pilot Program*.

Though spots are limited, this pilot program may allow families with higher incomes to get help paying for their child(ren)'s school meals. The National School Lunch Program is capped at 185%, but we understand that leaves some families behind.

How to Apply

1) Refer to the Income Guidelines table on the next page and see if your income is eligible.

2) Get a Fueling Our Future Application Form:

- Online: Visit www.interlakes.org, click on Departments and then the Food Service button at the top of the screen, and select the form labeled "*Fueling Our Future Application Form*."
- In Person: Visit any School Office.
- By Phone: Call your child's school directly to request a copy.

3) Complete *one* application per family and return it as soon as possible. This assistance is limited and is first-come first-serve.

We are thankful to our School Board, administrators, and community members for their support in this pilot program. In June 2026, the School Board approved the use of \$25,000 of end-of-year funds to launch this pilot initiative separately from the federal National School Lunch Program. We highly encourage families to submit their applications as early as possible. This funding will assist approximately 25 children.

Questions and Support

If you have any questions or need assistance completing the application, please contact Laurie Raymond, School Outreach Counselor, at 603-279-6162.

Thank you for your timely attention to this opportunity and for supporting healthy school meals for all students.

Sincerely,

Ashley Dolloff
Business Administrator



Income Guidelines (School Year 2026-2027)

Below are the estimated annual household income limits at 300% FPL, based on the 2026 Federal Poverty Guidelines:

Household Size	Maximum Annual Income (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
<i>Each add'l member</i>	<i>Add \$17,040</i>

Note: These numbers are subject to annual updates. Please check the official application for final figures.



Center Harbor, Meredith, Sandwich
103 Main Street, Suite 2, Meredith, New Hampshire 03253

Fueling Our Future Application (School Year 2026-2027)

I completed and submitted the 2026-2027 Free and Reduced Lunch Application.

☐

INSTRUCTIONS: If you have not completed the 2026-2027 Free and Reduced Lunch Application, please complete all sections of this form to determine your eligibility for the Fueling Our Future Pilot Program for the Inter-Lakes School District.

Confidentiality Notice: All information provided on this application is strictly confidential.

Section 1: Student Information

Please list all students in your household attending Inter-Lakes School District schools.

Student's Full Name	Name of School	Grade (As of 9/1/2026)

Section 2: Household Members and Income

Please list the number of people living in your household.

Total Number of People Living in Your Household: _____

Section 2: Household Members and Income Continued

Please list the income for the person or persons in your household financially responsible for the children listed above. Provide the total gross income (before taxes and deductions) for each source of income.

Annual Income Calculation Guide:

- **Weekly:** Multiply income by 52 (Weekly Amount X 52)
- **Bi-weekly:** Multiply income by 26 (Bi-Weekly Amount X 26)
- **Monthly:** Multiply income by 12 (Monthly Amount X 12)

Total Household Annual Income: _____

Section 3: 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: _____ Email: _____

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

Inter-Lakes School District

Attn: [Christine Taggett](#)

103 Main Street, Suite 2

Meredith, NH 03253

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

Application Outcome: ☐ Approved ☐ Denied

• Reason for Denial: _____

• Reviewer Signature: _____

• Effective Date: _____