		ols Tuition Organization) First Name		Annual Income *
Last Name]	
Edot Hamo	7	Spouse	J	Annual Income *
	_	opodoo]	
Address			J	J
] ,	* Adjusted Gross Income fr	om vour	most recent tax form
City, State	-1	A copy of the page which contains Adjusted Gross Inc		
•	7	must accompany this applic		•
Zip	_	, , , , , , , , , , , , , , , , ,		
]			
	-			
List Children Living in Household	Age	School	Grade	Annual Income
1.				
2.				
3.				
4.	<u> </u>			
5.	<u> </u>			
<u>6.</u>				
			·	
		TOTAL FAMILY INCOME		
		ty Guidelines are printed on	the ba	ck side of the applic
Please explain the circumstances the	at may be	e helpful for the committee.		
Certification and Signature:	Loortifu	(promise) that all information	on this c	polication is true and
Certification and Signature:	-			
that all income is reported. I understan	d that I w	ill be receiving tuition assistan	ce base	d on the information
that all income is reported. I understan provided. I understand that NICSTO o	d that I wi	ill be receiving tuition assistan may verify or check the info	ce base ormatio	d on the information n provided. I underst
that all income is reported. I understan	d that I wi	ill be receiving tuition assistan may verify or check the info	ce base ormatio	d on the information n provided. I underst
that all income is reported. I understan provided. I understand that NICSTO o that if I purposely give false information	d that I wi	ill be receiving tuition assistan may verify or check the info receive tuition aid and will not	ce base ormation	d on the information n provided. I underst ble to reapply.
that all income is reported. I understan	d that I wi	ill be receiving tuition assistan may verify or check the info	ce base ormation	d on the information n provided. I underst ble to reapply.
that all income is reported. I understan provided. I understand that NICSTO o that if I purposely give false information	d that I wi	ill be receiving tuition assistan may verify or check the info receive tuition aid and will not	ce base ormation be eligi pleting f	d on the information n provided. I underst ble to reapply.
that all income is reported. I understan provided. I understand that NICSTO of that if I purposely give false information Signature of Adult Completing Form	d that I wi	ill be receiving tuition assistan may verify or check the info receive tuition aid and will not Printed Name of Adult Com	ce base ormation be eligi pleting f	d on the information n provided. I underst ble to reapply.

Use this Graph	No. In	Federal Poverty	NICSTO GUIDELINES
to determine your	Family	Income Guidelines	Household Income
Eligibility	2	\$20,440	\$81,760
	3	\$25,820	\$103,280
	4	\$31,200	\$124,800
	5	\$36,580	\$146,320
	6	\$41,960	\$167,840
	7	\$47,340	\$189,360
	8	\$52,720	\$210,880
For each additional	member	\$5,380	\$21,520

Federal Register Poverty Guidelines Jan 12, 2024

Updated 1/12/2024