		First Name		Annual Income *
Last Name	_			
		Spouse		Annual Income *
Address	_			
	*	Adjusted Gross Income f	rom your m	ost recent tax forms.
City, State	_	A copy of the page which	contains A	djusted Gross Incom
		must accompany this appl	ication.	
Zip	$\neg$			
	_			
List Children Living in Household	Age	School	Grade	Annual Income
1.				
2.				
3.				
4.				
5.				
<u>6.</u>				
		TOTAL FAMILY INCOME		
	Eligibilit	y Guidelines are printed o	n the back	side of the applicati
Please explain the circumstances tha	t may be h	elpful for the committee.		
Certification and Signature:	I certify (μ	promise) that all information	on this app	olication is true and
Certification and Signature:		·		
that all income is reported. I understand	d that I will b	e receiving tuition assistand	ce based o	n the information
that all income is reported. I understand	that I will b	e receiving tuition assistand	ce based o	n the information vided. I understand
that all income is reported. I understand provided. I understand that NICSTO or state if I purposely give false information I	that I will b	e receiving tuition assistand	ce based o	n the information  vided. I understand  to reapply.
that all income is reported. I understand provided. I understand that NICSTO or state if I purposely give false information I	that I will b	e receiving tuition assistance  y verify or check the information aid and will not	mation pro be eligible mpleting Fo	n the information  vided. I understand  to reapply.
that all income is reported. I understand provided. I understand that NICSTO or state if I purposely give false information I Signature of Adult Completing Form  Phone Number	that I will b	ve receiving tuition assistance  y verify or check the information  eive tuition aid and will not  Printed Name of Adult Cor	mation pro be eligible mpleting Fo	n the information  vided. I understand  to reapply.
that all income is reported. I understand provided. I understand that NICSTO or stand if I purposely give false information I Signature of Adult Completing Form	that I will b	verify or check the information assistance of verify or check the information and will not be printed Name of Adult Cores Social Security Number (Recore)	mation pro be eligible mpleting Fo equired)	n the information  vided. I understand  to reapply.

Use this Graph	No. In	Federal Poverty	NICSTO GUIDELINES
to determine your	Family	Income Guidelines	Household Income
Eligibility	2	\$18,310	\$73,240
	3	\$23,030	\$92,120
	4	\$27,750	\$111,000
	5	\$32,470	\$129,880
	6	\$37,190	\$148,760
	7	\$41,910	\$167,640
	8	\$46,630	\$186,520
For each add	itional member	\$4,720	\$18,880

Federal Register Poverty Guidelines Jan 12, 2022

Updated 1/20/2022