



Free/Reduced Lunch Qualification Verification for Parents

Documentation and/or proof of any information reported on this form may be requested for verification at any time during the school year.

Section 1: Student's Information

Last Name: _____ First Name: _____ M.I.: _____

Circle current grade: 7th 8th 9th 10th 11th 12th Name of School: _____

Section 2: Federal Income Eligibility Guidelines: July 1, 2024 – June 30, 2025*

How many people live in your household? _____ How many of them earn an income? _____

Income Eligibility	
Household Size	Annual Income
1	\$27,861
2	\$37,814
3	\$47,767
4	\$57,720
5	\$67,673
6	\$77,626
7	\$87,579
8	\$97,532
For each additional family member, add	\$9,953

Section 3: Yearly Household Income Information

Names of individuals in your household that earn income (this includes all people living in your house and any dependents that are claimed for taxes) <i>If you need additional spaces to list individuals, please see back of this form</i>	Yearly Income from work (Before deductions)	Yearly Income from pensions, retirement, and social security	Any other Yearly Income	Total Yearly Income
TOTAL Yearly Household Income				

(Please turn over)

Section 4: Parent/Guardian Confirmation

Parent/Guardian's Information:

Printed Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

"I certify under penalty of perjury that all Household Members and Income is reported in Sections 2 & 3 and that the information on this form is true and correct"

Signature: _____ Date: _____

* This information is taken from the USDA Eligibility Guidance for School Meals Manual and can be found at the USDA website: <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>.

(if needed, please list below the additional names and yearly income of individuals in your household that earn income)

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GU Office Use Only:

DOB:

School:

Application date: