

## Initial Determination of Eligibility Form

(to be completed by a parent or guardian)

**Applicant's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

### Current Status

\_\_\_ Grade 8    \_\_\_ Grade 9    \_\_\_ Grade 10    \_\_\_ Grade 11    \_\_\_ Grade 12

**School Attending** \_\_\_\_\_

**Mother/Female Guardian** \_\_\_\_\_

**Highest Level of Education Completed** \_\_\_\_\_

**Father/Male Guardian** \_\_\_\_\_

**Highest Level of Education Completed** \_\_\_\_\_

**Applicant lives with:** (check all that apply)

\_\_\_ Mother    \_\_\_ Father    \_\_\_ Stepmother    \_\_\_ Stepfather

\_\_\_ Other

### Is family receiving?

\_\_\_ Social Security    \$\_\_\_\_\_ per month

\_\_\_ AFDC    \$\_\_\_\_\_ per month

\_\_\_ Other    \$\_\_\_\_\_ per month

**Total annual family income\*** \$\_\_\_\_\_ per month

**Total number of persons in household dependent upon the given income:** \_\_\_\_\_

\* Documented evidence of income must be supplied.