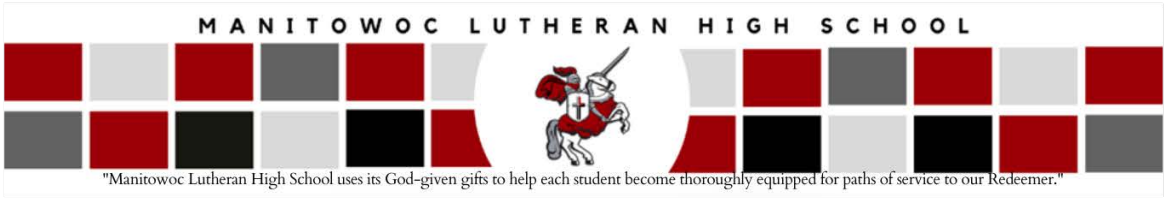

Application for Free or Reduced Price School Meals

HOUSEHOLD INFORMATION *Complete one application per household*

Please include ALL Household Members supported with the household's income, even if not related.

First Name	MI	Last Name	Adult	Child

PARENT(s)/GUARDIAN INCOME INFORMATION

*2024 Federal 1040 Tax Form (along with Schedules C, E, and/or F if filed) **MUST** be included with this application to be considered.*

		Actual 2024	Est. 2025
1.	Adjusted Gross Income (IRS Form 1040, 1040A or 1040EZ)	$	$
2.	Child Support and/or maintenance by non-custodial parent	$	$
3.	Non-taxable Income & Benefits *(eg. Social Security, AFDC, cash public assistance, unemployment compensation, Wisconsin Works payments, VA benefits, disability benefits, medical savings accounts, scholarships, insurance or legal settlements, etc.)*	$	$
4.	Pre-tax Contributions to retirement accounts	$	$
5.	Non-taxable housing allowance or fair market value of employer-provided housing & utilities	$	$
6.	Depreciation listed on IRS Schedules C, E, or F	$	$
7.	TOTAL: *(Add lines 1-6)*	$	$

Name of person filling out this form (print)	Applicant Signature	Date

Parent/Guardian Name (print)	Parent/Guardian Signature	Date

MAIL TO: Business Office
Manitowoc Lutheran High School
4045 Lancer Circle, Manitowoc, WI 54220