		ools Tuition Organization) First Name		Annual Income *
Last Name]	
Last Name	٦	Spausa]	Annual Income *
		Spouse]	Annual Income
Address			1	
Address	, ۲	* Adjusted Gross Income fr	om vour	most recent tax form
City, State		A copy of the page which contains Adjusted Gross In		
<u>y</u> ,	7	must accompany this applic		
Zip		······································		
•	7			
List Children Living in Household	Age	School	Grade	Annual Income
1.				
2.				
3.				
4.				
5.				
<u>6.</u>				
				
		TOTAL FAMILY INCOME		
		ity Guidelines are printed on	the ba	ck side of the applica
Please explain the circumstances the	at may be	e neiptul for the committee.		
	I certify	(promise) that all information	on this a	pplication is true and
Certification and Signature:	,			
6	d that I w	ill be receiving tuition assistan	ce base	
that all income is reported. I understan		C C		
Certification and Signature: that all income is reported. I understan provided. I understand that NICSTO o that if I purposely give false information	or school	may verify or check the info	ormatio	n provided. I underst
that all income is reported. I understan provided. I understand that NICSTO o	or school	may verify or check the info	ormatio	n provided. I underst
that all income is reported. I understan provided. I understand that NICSTO o that if I purposely give false information	or school	may verify or check the info	be eligi	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 Signature of Adult Completing Form	or school	may verify or check the info receive tuition aid and will not Printed Name of Adult Com	brmation be eligi pleting f	n provided. I underst ble to reapply.
that all income is reported. I understan provided. I understand that NICSTO o	or school	may verify or check the info	brmation be eligi pleting f	n provided. I underst ble to reapply.

Use this Graph to determine your	No. In Family	Federal Poverty Income Guidelines	NICSTO GUIDELINES Household Income
Eligibility	2	\$21,150	\$84,600
	3	\$26,650	\$106,600
	4	\$32,150	\$128,600
	5	\$37,650	\$150,600
	6	\$43,150	\$172,600
	7	\$48,650	\$194,600
	8	\$54,150	\$216,600
For each addition	nal member	\$5,500	\$22,000

Federal Register Poverty Guidelines Jan. 2025

Updated 1/17/2025