

FOR OFFICE USE ONLY:

ADDITIONAL VERIFICATION

BEYOND PARENT SIGNATURE

Received by: _____ Date _____

_____ Lunch Program Roster

Reentry _____ Other _____

_____ 1040 Form

SELECTED
NOT SELECTED

G.P.A. _____ (Cumulative G.P.A. must be 2.5 or above to be eligible.)

U.S. Citizen / Permanent Resident **YES** **NO**

First Generation **YES** **NO**

Low-Income **YES** **NO**

ELIGIBILITY: A **B** **C**

Code: **A=L-I & FG** **B=L-I** **C=FG**

If not selected, please explain.

ETS Director Signature: _____ Date _____

BLUMEN	
Entry Date: _____	By: _____
