



All information provided on this form is confidential and will only be seen by the Grant Committee of Edina Give and Go. The following information is required (*unless noted*) to be considered by Edina Give and Go. **Only complete forms will be considered.**

Return to: info@edinagiveandgo.org or 5701 Normandale Rd, Room 323, Edina, MN 55424

Student Information																															
Student Name:		Parent/Guardian Name:																													
Address:		City:	State: Zip Code:																												
School:		Grade:	Referral Made By:																												
Phone:		Contact Email:																													
Need/Request Information																															
Date funds are needed:																															
Tell us about the activity or program you're looking to participate in:																															
Budget																															
Total Cost:		Additional Funding Sources (if any):	Requested Amount From Edina Give and Go:																												
Family Financial Commitment: <i>Minimum 10% of Amount requested from Edina Give and Go</i>		Name and Address where checks should be sent:																													
Has your family received support from Edina Give and Go in the past school year? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Family Income																															
<table border="1"> <thead> <tr> <th>Household/ Family Size</th> <th>Federal Poverty Line</th> <th>200% Annual Income</th> <th>200% Monthly Income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$12,140</td> <td>\$24,280</td> <td>\$2,023</td> </tr> <tr> <td>2</td> <td>\$16,460</td> <td>\$32,920</td> <td>\$2,743</td> </tr> <tr> <td>3</td> <td>\$20,780</td> <td>\$41,560</td> <td>\$3,463</td> </tr> <tr> <td>4</td> <td>\$25,100</td> <td>\$50,200</td> <td>\$4,183</td> </tr> <tr> <td>5</td> <td>\$29,420</td> <td>\$58,840</td> <td>\$4,903</td> </tr> <tr> <td colspan="4">Add \$4,320 for each person beyond 5</td> </tr> </tbody> </table>	Household/ Family Size	Federal Poverty Line	200% Annual Income	200% Monthly Income	1	\$12,140	\$24,280	\$2,023	2	\$16,460	\$32,920	\$2,743	3	\$20,780	\$41,560	\$3,463	4	\$25,100	\$50,200	\$4,183	5	\$29,420	\$58,840	\$4,903	Add \$4,320 for each person beyond 5				Edina Give and Go's mission is to help students who have an economic disadvantage. By initialing in the space below, you are declaring your family's economic disadvantage status as defined by the Annual or Monthly gross income levels to the left. (<i>These guidelines are obtained by multiplying the year 2016 federal income poverty guidelines by 2.0</i>) Initial Here: _____		
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Release and Consent Form (not required)		Release and Consent Form (not required)																													
By signing below, I _____, give Edina Give and Go permission to share this story on its website and/or social media. I understand that Edina Give and Go will not disclose true identities of the student and no real names will be published.																															
<input type="checkbox"/> By checking this box, I am allowing Edina Give and Go to use photos (no names) of my student on its website and/or social media.																															
Signature (required)																															
Signature of Parent or Guardian: <i>If using as an electronic document, a typed name constitutes a signature</i>			Date:																												