

Financial Aid Form



Financial Aid Form

PROGRAM YEAR 2027 INCOME ELIGIBILITY GUIDELINES

EFFECTIVE JULY 1, 2026 – JUNE 30, 2027

Reduced Price Meals 185% of federal poverty guidelines						Free Meals 130% of federal poverty guidelines					
Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	29,526	2,461	1,231	1,136	568	1	20,748	1,729	865	798	399
2	40,034	3,337	1,669	1,540	770	2	28,132	2,345	1,173	1,082	541
3	50,542	4,212	2,106	1,944	972	3	35,516	2,960	1,480	1,366	683
4	61,050	5,088	2,544	2,349	1,175	4	42,900	3,575	1,788	1,650	825
5	71,558	5,964	2,982	2,753	1,377	5	50,284	4,191	2,096	1,934	967
6	82,066	6,839	3,420	3,157	1,579	6	57,668	4,806	2,403	2,218	1,109
7	92,574	7,715	3,858	3,561	1,781	7	65,052	5,421	2,711	2,502	1,251
8	103,082	8,591	4,296	3,965	1,983	8	72,436	6,037	3,019	2,786	1,393
For each additional person:	+10,508	+876	+438	+405	+203	For each additional person:	+7,384	+616	+308	+284	+142

- 25% discount for households that fall under Reduced Lunch guidelines
- 50% discount for households that fall under Free Lunch guidelines
- 75% discount is intended for families with significant financial hardship and will be reviewed on a case-by-case basis. Please fill out this form and also send in a letter of need to the name/address below.

Please select the financial aid tuition discount you are applying for:

- ☐ 25%
- ☐ 50%
- ☐ 75%

Household Income: _____

(Proof of house income is required. Please include with your application a copy of your most recent tax return and pay stub if presently employed. If currently unemployed but receiving income please include documents stating income i.e social security award letter, bank statement, etc.)



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Please list any sort of additional hardships you would like us to know while considering your application:

Guardian Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

Please submit application and income verification to:

Giving Gardens of Indiana

Attention: Nicole Fairchild

479 S. Towerview Drive

Columbia City, IN 46725