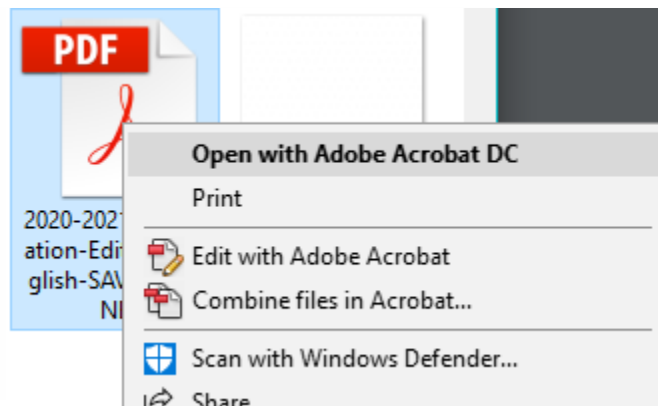




IMPORTANT: Save this application to your computer before completing it! Your information will not save if you fill it out in the browser before saving the application!

Editable PDFs may be completed and saved using **Adobe Acrobat Reader** (this software must be loaded on your computer). To accomplish this, you must first save the empty application on your own computer:

1. Use the download button in the upper righthand corner of your screen
2. Save the file to your computer where you can easily access it
3. Open the saved file on your computer using Adobe Acrobat Reader (you may have to right click and select "Open with Adobe Acrobat" or "Open With..." and then "Adobe Acrobat.")



4. Fill out the form
5. Save the form
6. Return the form to ecrooks@pvre7.org as an attachment

IMPORTANT: If you are viewing this on your phone, DOWNLOAD the application before completing it! Otherwise, you will not be able to fill in the fields.



2023-2024
Application Packet

SECTION I. General Information

To be completed by student and parent

The Dream Team at Platte Valley Program is a program funded in partnership with The Weld Trust.

Requirements include the student's social security number and the family's income verification.

All information is kept CONFIDENTIAL.

Student Social Security Number: _____ - _____ - _____ (This number is required.)

Student School ID (Lunch Number): _____

Student Cell Phone: _____

Name: _____
Last First Middle

Mailing Address: _____
Street

_____ City State Zip Code

Date of Birth: _____ Female: _____ Male: _____

Race and Ethnicity:

_____ Hispanic/Latino of any race

_____ American Indian or Alaska Native

_____ White/Caucasian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

Citizenship: _____ U.S. Citizen

_____ Permanent Resident A# _____

_____ Eligible Non-Citizen A# _____

Current School: _____ Current Grade: _____

SECTION II. Student Needs Assessment

to be completed by student

Who referred you to join Dream Team: _____

What are your interests and hobbies? _____

Why do you want to be a part of Dream Team? _____

Do you currently have (or have had) a sibling(s) in the Dream Team Program? Yes _____ No _____

If yes, what is/are the name of your sibling(s)? _____

Student or Parent Comments: _____

SECTION III. Eligibility Verification

to be completed by parent

The Dream Team at Platte Valley Program is a program funded in partnership with The Weld Trust that aids students in completing high school and succeeding in college. A portion of program participants must meet certain requirements regarding first-generation and/or low-income status. To better assist us in determining student eligibility, please fill out the following information to the best of your knowledge.

SECTION III-A: FIRST-GENERATION VERIFICATION

What is the highest grade completed by your **mother**? _____

Did she earn a 4-year college degree (Bachelor's) or beyond? Yes _____ No _____

What is the highest grade completed by your **father**? _____

Did he earn a 4-year college degree (Bachelor's) or beyond? Yes _____ No _____

Which parent(s) did the student regularly reside with and receive support from over the past year?

Mother Father Both Mother & Father Neither Mother nor Father

SECTION III-B: INCOME VERIFICATION

According to the Department of Education, "low-income" is considered a family whose taxable income for the previous year is 150% of the federal poverty level. Below is an example of TAXABLE Income and the 2023 Federal TRIO Programs Low-Income Levels (150% FPL.)

Important: Your TAXABLE income is different than your total wages or adjusted gross income! TAXABLE Income is usually much smaller and has its own line on the federal income tax return.

IRS Form 1040 Example

| | | | |
|----|--|----|---------|
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 65,652. |
| 10 | Adjustments to income from Schedule 1, line 26 | 10 | |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income | 11 | 65,652. |
| 12 | Standard deduction or itemized deductions (from Schedule A) | 12 | 25,900. |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| 14 | Add lines 12 and 13 | 14 | 25,900. |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <u>taxable income</u> | 15 | 39,752. |

Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

| # in Household* | 150% Federal Poverty Level | # in Household* | 150% Federal Poverty Level | # in Household* | 150% Federal Poverty Level |
|-----------------|----------------------------|-----------------|----------------------------|-----------------|----------------------------|
| 1 | \$21,870 | 4 | \$45,000 | 7 | \$68,130 |
| 2 | \$29,580 | 5 | \$52,710 | 8 | \$75,840 |
| 3 | \$37,290 | 6 | \$60,420 | 8+ | add \$7,710 per each extra |

*Note: # is the total number of people living in the home, dependent on the taxable income listed.

Choose an income verification option below:

Option 1: Did file a tax return

My family's **TAXABLE** (not total) income from the last calendar year was: \$ _____

Total number of people who depend on the income listed above: _____

Option 2: Did NOT file a tax return

My family did NOT file a Federal Income Tax Return last year. My family's income was: \$ _____

Total number of people who depend on the income listed above: _____

- or - My family had no **TAXABLE** income for the last calendar year.

Verification from another Governmental Source

My family meets low-income qualification through the following State/Federal aid programs. (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Free School Lunches | <input type="checkbox"/> Social Security (SSI) Benefits | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Reduced School Lunches | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid/Medicare |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Disability Benefits | |
| <input type="checkbox"/> Student is ward of the State | <input type="checkbox"/> Student is in Foster Care | |

Signed Statement of Income Verification

I certify that the income information provided above is true, complete, and accurate to the best of my knowledge.

Parent Signature

Date

SECTION IV. RELEASE OF RECORDS/CERTIFICATION

to be completed by parent and student

All information will remain confidential.

With my signature below, I hereby grant permission to the staff of The Dream Team at Platte Valley and The Greeley Dream Team Incorporated to access, as well as authorize Platte Valley School District RE-7 and other agencies to release, my child’s school records including but not limited to, the following:

- **grades, attendance, test scores, address, phone number, suspension, disciplinary records, etc.**

I hereby authorize post-secondary institutions to release to the Dream Team copies of:

- **any and all college, academic, enrollment, and student aid awards from the college I will attend after high school graduation.**

Records will be used to assess student needs, monitor student progress, document eligibility for the program, and reporting purposes.

This information shall only be transferred to a third party outside of the Dream Team program on the condition that written consent of the parents or guardians (or applicant, if over 18) is first obtained.

CERTIFICATION

Our signatures indicate that, to the best of our knowledge, the information given on this application is true, complete and accurate.

ACTIVITIES/PROMOTIONAL RELEASE

By signing below, both signed parties agree to the submittal of the application for entry into The Dream Team at Platte Valley and consent to the statements provided below.

As a parent or guardian signing this form, I give permission for my child to participate in educational program-sponsored activities. I also give permission for the use of my child’s name and/or photograph for editorial, promotional, recruitment and/or educational purposes. I will do my best to encourage and participate in my child’s Dream Team activities.

Parent Signature: _____ Date: _____

STUDENT AGREEMENT

If accepted to the program, I agree to attain all personal, academic, and career goals that I and the Dream Team staff set for myself. I also agree to treat myself, other students, and staff with respect and be a positive representative of the program. I will do my best to attend Dream Team activities.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Eligibility: _____ **Date Entered:** _____ **Date Tagged:** _____

Advisor: _____ **Program:** _____