HOLY NAME High School
Established 1914

6000 Queens Highway
Parma Heights, OH 44130
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2026-2027 Free and Reduced Lunch Application

Holy Name High School will offer free and reduced lunch to those students who qualify based on the federal eligibility income guidelines outlined below for 2026-2027. We are not subsidized by the government; therefore, the following must be completed to apply for free or reduced lunch:

1. This application must be completed and signed on the reverse side.
   Please note that applicants must apply EVERY YEAR for free or reduced lunch benefits.
2. A FACTS Grant & Aid Assessment Application must be completed using **2025 tax return** information. This is the same application used for financial assistance, and only needs to be completed once each year. The application can be found on the school website under Financial Aid. If you completed the FACTS financial aid form using 2024 tax information, you **must** upload 2025 tax information via your FACTS account as soon as possible.
3. This form may be completed and returned to the school office before completion of the FACTS Grant & Aid Assessment Application.
4. If you qualify for SNAP benefits, please attach a copy of your current SNAP Benefit letter to this application.
5. Please upload this completed form (and SNAP determination, if applicable) to the student's FinalForms account by July 31, 2026 so that meal status can be reviewed before the beginning of the school year.

The Income Eligibility Guidelines for 2026-2027 for **FREE MEALS** are:

Household size	Yearly	Monthly	Weekly
1	$20,748	$1,729	$399
2	28,132	2,344	541
3	35,516	2,960	683
4	42,900	3,575	825
5	50,284	4,190	967
6	57,668	4,806	1,109
7	65,052	5,421	1,251
8	72,436	6,036	1,393
Each additional person:	7,384	615	142

The Income Eligibility Guidelines for 2026-2027 for **REDUCED MEALS** are:

Household size	Yearly	Monthly	Weekly
1	$29,526	$2,461	$568
2	40,034	3,336	770
3	50,542	4,212	972
4	61,050	5,088	1,174
5	71,558	5,963	1,376
6	82,066	6,839	1,578
7	92,574	7,715	1,780
8	103,082	8,590	1,982
Each additional person:	10,508	876	202

Part A. All Household Members

Name	Name of School	Grade Level	Check if Foster Child	Check if No Income

Part B. Total Household Gross Income

List all household members with Income	Gross Income before deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	Weekly, Twice Monthly, Or Monthly
(Example) Jane Smith	$400	$150	$0	Weekly

Part C. Signature

A parent or guardian must sign the application.

I certify that all the information on this application is true and that all income is reported. I understand that school officials will verify the information and a FACTS financial aid application must be submitted before a determination can be made. I understand that deliberate misrepresentation of information may cause my child to lose meal benefits.

Printed Name of Parent Applicant _____

Signed _____ Date _____

For office use:

□ Free □ Reduced □ Does not qualify Date reviewed_____