

EAS Application

EC Expansion Grant Funding

Student Information

Print information exactly as it appears on the student's birth certificate.

First Name _____ Middle _____ Last Name _____

Date of Birth: _____ - _____ - _____ MALE FEMALE
MM DD YY

Birth City: _____ Birth State: _____

Ethnicity: ASIAN NATIVE AMERICAN MIDDLE EASTERN PACIFIC
ISLANDER HISPANIC LATINO AFRICAN AMERICAN
CAUCASIAN OTHER: _____

Native Language: _____

Languages spoken at home: _____

State Student Identifier (SSID) if known: _____

Last 4 digits of Social Security Number:

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Mother's Maiden Last Name: _____

Application Information

Student's Address: _____
house number street

_____ *city, state zip code*

_____ *county*

Does the student have an existing Individualized Education Plan (IEP)?
YES NO

If yes, what is the IEP for? _____

Please submit a copy of your child's **Birth Certificate** and documentation of your family income (**2 pay stubs or tax return**) with this application.