



Sacred Heart Catholic School
26 Still Road
Monroe, NY 10950
845-783-0365

August 9, 2017

Dear Parents:

Did you know your child(ren) can benefit from:

- E-Rate Funding for Technology, Phone, Internet
- Professional Development for Teachers and Principals
- Technology Coaches
- Smart Boards and Science Kits
- Virtual Learning System for Students
- Extend Year Summer Program

A portion of the funding for these important educational programs is made available through your hard-earned tax dollars. **Every family contributes and every student can benefit, regardless of income level.**

Here's how your child can take advantage of one or more of these resources:

In order to determine eligibility for these programs, parents must fill out the attached form and return it to your child's teacher by Monday, September 25, 2017.

Please note, this form is used for many programs and while you may not qualify under one service, **every family** will qualify for one or more of the services listed above.

If you have more than one child attending school, you only need to fill out one application and have your oldest child hand it to his/her teacher.

Please list all the names of children attending our school on the application.

This form is not shared with anyone. It is for school personnel to determine what programs your child and the school are eligible for.

Thank you for your cooperation and please do not hesitate to contact me if I may be of further assistance.

Sincerely,

Catherine Muenkel

Catherine Muenkel

**EACH RETURNED SURVEY COULD PROVIDE UP TO \$2000 FOR EACH STUDENT
RETURN TO SCHOOL NO LATER THEN SEPTEMBER 25,2017.**

1. Use the chart below to answer the questions in item #1. (Include all members who live in your house hold)

Is your family income less than the amount in column A?

Yes _____ No _____

Is your family income less than the amounts in columns B

Yes _____ No _____

Is your family income less than the amounts in columns C

Yes _____ No _____

2. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the Medicaid program?

Yes _____ No _____

4. What Grade(s) is (are) your child(ren) in?

Grade(s)_____

Home Address (required): _____

Complete last section below:

Household Size	A	B		C			
	Annual	Annual	Month	Week	Annual	Month	Week
1	\$11,490	\$14,937	\$1,245	\$288	\$21,257	\$1,772	\$409
2	\$15,510	\$20,163	\$1,681	\$388	\$28,694	\$2,392	\$552
3	\$19,530	\$25,389	\$2,116	\$489	\$36,131	\$3,011	\$695
4	\$23,550	\$30,615	\$2,552	\$589	\$43,568	\$3,631	\$838
5	\$27,570	\$35,841	\$2,987	\$690	\$51,005	\$4,251	\$981
6	\$31,590	\$41,067	\$3,423	\$790	\$58,442	\$4,871	\$1,124
7	\$35,610	\$46,293	\$3,858	\$891	\$65,879	\$5,490	\$1,267
8	\$39,630	\$51,519	\$4,294	\$991	\$73,316	\$6,110	\$1,410
For each add'l family member add	\$4,020	\$5,226	\$436	\$101	\$7,437	\$620	\$144

**To protect your privacy, this will be detached from this form
once the schools records that a family returned it.**

Student (s) Name(s) _____
