



OFFICE OF THE SUPERINTENDENT OF SCHOOLS ARCHDIOCESE OF NEW YORK

1011 FIRST AVENUE, NEW YORK, NEW YORK 10022 PHONE (212)371-1000 FAX: (212) 758-3018

September 2016

Dear Parents:

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

- Smart Boards and Science Kits
- Virtual Learning System for Students
- Free Extended Year Summer Programs
- Professional Development for Teachers and Principals
- E-Rate Funding for Technology
- Technology Coaches & Online Programs
- School Scholarships & Grants

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. OUR SCHOOL CAN BE ELIGIBLE FOR UP TO \$2000.00 per student for each form returned!**

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 IN ITS ENTIRETY and return it to your child's teacher by September 16th, 2016.

Please list all the names of children attending our school on the application and complete all questions on the form.

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

Thank you for your cooperation and please do not hesitate to contact me if I may be of further assistance. If you would like additional clarification or information, you may also email Michael Coppotelli, Associate Superintendent of Schools at MCoppotelli@archny.org

Sincerely,

Principal

EACH RETURNED SURVEY COULD PROVIDE UP TO \$2000
FOR EACH STUDENT RETURN TO SCHOOL September 16th, 2016

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

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 School and Grade(s) is(are) your child(ren) in?

School Name _____ Grade(s) _____

Home Address (required): _____

City _____ State _____ Zip _____

Complete last section below:

Household Size	A	B		C			
	Annual	Annual	Month	Week	Annual	Month	Week
1	\$11,880	\$15,444	\$1,287	\$297	\$21,978	\$1,832	\$423
2	\$16,020	\$20,826	\$1,736	\$401	\$29,637	\$2,470	\$570
3	\$20,160	\$26,208	\$2,184	\$504	\$37,296	\$3,108	\$718
4	\$24,300	\$31,590	\$2,633	\$608	\$44,955	\$3,747	\$865
5	\$28,440	\$36,933	\$3,081	\$711	\$52,614	\$4,385	\$1,012
6	\$32,580	\$42,354	\$3,530	\$815	\$60,273	\$5,023	\$1,160
7	\$36,730	\$47,749	\$3,980	\$919	\$67,951	\$5,663	\$1,307
8	\$40,890	\$53,157	\$4,430	\$1,023	\$75,647	\$6,304	\$1,455
For each add'l family member add	\$4,160	\$5,408	\$451	\$104	\$7,696	\$642	\$148

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

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

Student (s) Name(s) _____
