



Holy Rosary School

1500 Arnow Avenue
Bronx, NY 10469
(718) 652-1838
(718) 515-9872 (fax)

September 2026

Dear Parents:

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

- Academic Support and Intervention Services
- Supplemental Instructional Programs and Resources
- Extended Year Programing
- Educational Technology and Online Learning Resources
- Professional Development for Teachers and School Leaders
- E-Rate Funding for Technology and Internet Services
- Family Engagement Programs and Resources

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 \$2,000 per student for each form returned!**

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

To determine eligibility for these programs, parents must fill out the attached form in its entirety and return it to their child's teacher by September 25, 2026.

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 the programs for which 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.

Sincerely,

Maryann Fusco

Maryann Fusco
Principal

Holy Rosary School

**EACH FAMILY SHOULD RETURN THE FOLLOWING FORM BY SEPTEMBER 25, 2026.
ALL QUESTIONS MUST BE ANSWERED COMPLETELY.**

1. Are you or anyone in your household receiving assistance under the Temporary Assistance to Needy Families ("TANF") Program and/or the Supplemental Nutrition Assistance Program ("SNAP")?

Yes _____ No _____

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

Yes _____ No _____

3. Use the chart below to answer the following three questions, *including 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 _____

4. What school and grade(s) is/are your child(ren) in?

School Name _____ Grade(s) _____

Home Address (Required): _____

City _____ State _____ Zip _____

Complete the last section:

Household Size	A	B			C		
	Annual	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	\$15,960	\$20,748	\$1,729	\$399	\$29,526	\$2,461	\$568
2	\$21,640	\$28,132	\$2,345	\$541	\$40,034	\$3,337	\$770
3	\$27,320	\$35,516	\$2,960	\$683	\$50,542	\$4,212	\$972
4	\$33,000	\$42,900	\$3,575	\$825	\$61,050	\$5,088	\$1,175
5	\$38,680	\$50,284	\$4,191	\$967	\$71,558	\$5,964	\$1,377
6	\$44,360	\$57,668	\$4,806	\$1,109	\$82,066	\$6,839	\$1,579
7	\$50,040	\$65,052	\$5,421	\$1,251	\$92,574	\$7,715	\$1,781
8	\$55,720	\$72,436	\$6,037	\$1,393	\$103,082	\$8,591	\$1,983
For each additional family member, add:	\$5,680	\$7,384	\$616	\$142	\$10,508	\$876	\$203

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

Student(s) Name(s) _____

Public School District _____

Parent/Guardian Signature _____