



## Holy Trinity Catholic School

745 6th Avenue South  
South Saint Paul, MN 55075  
holytrinityssp.org



August 17, 2023

Dear Holy Trinity Families Families,

The Archdiocesan Application for Educational Benefits allows our school to gather and submit the necessary information for our Catholic school students to access federal and state resources and funding allocated specifically for Minnesota's nonpublic students to support their educational needs, growth and development.

Catholic schools in the Archdiocese of Saint Paul and Minneapolis may use this alternative form to request only necessary information as defined by state guidelines to receive these valuable benefits for their students. In completing this form, you are granting permission to Holy Trinity to report this information to the state so that we can access these educational benefits for all our Catholic school students. This is your opportunity as a family to support accessing educational resources, including various intervention services, text and learning materials, nursing and guidance counselor services, and more.

Please complete the enclosed Archdiocesan Application for Educational Benefits and return it to:

Holy Trinity School  
745 6th Ave S  
South Saint Paul, MN 55075

Thank you for partnering with us to provide an excellent Catholic education.

Sincerely,

Anita Davis  
Principal

# Archdiocesan Application for Educational Benefits 2023-2024

**Please print**

Parent/Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

**Children:** Write the names of children attending this school. If you need more space, continue on the back of this form.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Foster child? ☐ Yes ☐ No

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Foster child? ☐ Yes ☐ No

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Foster child? ☐ Yes ☐ No

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Foster child? ☐ Yes ☐ No

## Total Household Income – Maximum

**1. Are you receiving assistance from:**

a. Minnesota Family Investment Plan (MFIP)? ☐ Yes ☐ No

b. Supplemental Nutrition Assistance Program (SNAP)? ☐ Yes ☐ No

*\*If you answered "yes" to either of these, you may skip to the verification and final signature.*

**2. Write your household size** (all adults and children living with you) here: \_\_\_\_\_

**3. Based on the chart below, please respond "yes" or "no" to whether you are at or below the threshold income amount for your household size.** Note that you could consider either your monthly or annual gross income:

\_\_\_\_\_

Household size	Household income per month	Household income per year
1	2,248	26,973
2	3,041	36,482
3	3,833	45,991
4	4,625	55,500
5	5,418	65,009
6	6,210	74,518
7	7,003	84,027
8	7,795	93,536
Add for each additional person	793	9,509

**Verification:** Federal program auditors may request documentation of this information at any time during the school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Catholic Schools**  
OF THE ARCHDIOCESE OF  
SAINT PAUL AND MINNEAPOLIS