



MONSIGNOR FARRELL HIGH SCHOOL

Vir Fidelis

September 2025

Dear Parents:

Did you know your son(s) can benefit from:

- SMART Boards and Science Kits
- Virtual Learning Systems for Students
- Free Extended Year Summer Programs
- Professional Development for Teachers and Principals
- E-Rate Funding for Technology
- Technology Coaches and Online Programs
- School Scholarships and 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 \$2,000 per student for each form returned!**

Here is how your son(s) can take advantage of one or more of these resources:

To determine eligibility for these programs, please fill out the attached form in its entirety. Students should return the form in a sealed envelope **Marked 2025 Survey** to their homeroom teacher by **September 19, 2025**.

Please list the name(s) of your son(s) who are currently attending Monsignor Farrell 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 son(s) and the school are eligible.

Thank you for your cooperation. Please contact the main office if you have any questions.

Sincerely,

Louis R. Tobacco
President

Lawrence V. Musanti
Principal

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	\$15,650	\$20,345	\$1,696	\$392	\$28,953	\$2,413	\$557
2	\$21,150	\$27,495	\$2,292	\$529	\$39,128	\$3,261	\$753
3	\$26,650	\$34,645	\$2,888	\$667	\$49,303	\$4,109	\$949
4	\$32,150	\$41,795	\$3,483	\$804	\$59,478	\$4,957	\$1,144
5	\$37,650	\$48,945	\$4,079	\$942	\$69,653	\$5,805	\$1,340
6	\$43,150	\$56,095	\$4,675	\$1,079	\$79,828	\$6,653	\$1,536
7	\$48,650	\$63,245	\$5,271	\$1,217	\$90,003	\$7,501	\$1,731
8	\$54,150	\$70,395	\$5,867	\$1,354	\$100,178	\$8,349	\$1,927
For each additional family member, add:	\$5,500	\$7,150	\$596	\$138	\$10,175	\$848	\$196

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 _____