

HOLY CROSS JR-SR HIGH SCHOOL aka HOLY CROSS OF SAN ANTONIO

E-rate Family Survey – 2009/2010

Please Complete and return the survey below. Important: Even if your income does not meet these income eligibility guidelines, you must return the survey in order for the school's survey to be considered a valid measure. (Please Print)

Circle the correct grade(s): 6 7 8 9 10 11 12

Street Address _____

City _____ State TX Zip _____

Find your family and annual gross income level on the chart below and circle the number of people in your family, including all children:

Household Size	Annual	Monthly	Weekly
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each add'l family member, add:	6,919	577	134

PLEASE CIRCLE YES OR NO FOR EACH OF THE FOLLOWING:

- A. Is your income equal to or less than any of the amounts listed next to the number you circled? Yes No
- B. Is your family eligible for food stamps? Yes No
- C. Is your family receiving Temporary Assistance for Needy Families (TANF)?(Qualify A also) Yes No
- D. Does your family qualify for medical assistance under Medicaid? Yes No
- E. Is your family receiving Supplementary Security Income (SSI)? Yes No
- F. Does your family receive housing assistance (section 8)? Yes No
- G. Does your family receive home energy assistance (LIHEAP)? Yes No
- H. Is your son/daughter a foster Child?(Qualify A also) Yes No
- I. Does your son/daughter work for his/her tuition; receive Hope for the Future or Archdiocesan Appeal Scholarship? (Qualify A also) Yes No

Return completed survey to: HOLY CROSS JR-SR HIGH SCHOOL aka HOLY CROSS OF SAN ANTONIO front office as soon as possible. Call 433-9395 if you have any questions.

For the E-Rate Survey, the information below the line will be cut off from this sheet when the survey is completed. We need to keep track of the families completing the survey.

Name of student _____, _____, _____
Last
First
M.I.