



SCHOLARSHIP POLICY

I. PURPOSE

The purpose of this policy is to provide guidelines for the review of the scholarship application, awarding of a scholarship, and monitoring of attendance.

II. GENERAL STATEMENT OF POLICY

A. DETERMINATION OF SCHOLARSHIP TOTAL FUNDS:

1. In May, the Little Angel Preschool School Board shall predetermine a total maximum scholarship award amount for the school year.

B. REVIEWING OF SCHOLARSHIP:

1. The Director of Little Angel Preschool will collect scholarships and all required documentation.
2. The Director and Chairperson will review all supporting documentation and determine if a family is eligible for a scholarship.

C. AWARDING OF A SCHOLARSHIP:

1. The Director and Chairperson will use the information provided with the scholarship application to determine the level of need for a family. The Director and Chairperson shall then determine the award amount.
2. The Director will notify the family of their award amount through the letter in Appendix A.

D. MONITORING OF ATTENDANCE:

1. The Director will monitor student attendance to ensure that they do not miss 5 unexcused consecutive school days.
2. The Director will provide the family with a warning if they reach 3 unexcused consecutive school days.
3. Should a family miss 5 consecutive school days they may lose their scholarship. This termination will be determined at the Director's discretion, based on family knowledge.

E. PAYMENT OF SCHOLARSHIP:

1. Scholarships will be paid directly to Little Angel Preschool.

Appendix A



Little Angel Preschool
31075 Genesis Ave
P.O. Box 166
Stacy, MN 55079
651-462-5115
www.littleangelpreschool.org

Date: [insert date]
To: [insert parent/guardian]
From: [insert director's name], Little Angel Preschool Director
Cc: [insert chairperson's name], Little Angel Preschool School Board Chairperson
Subject: Little Angel Preschool Scholarship

Dear [insert parent name],

Congratulations! This letter is to let you know that [insert child's name] has been awarded a scholarship in the amount of [insert amount] per month. This award will assist in covering the tuition cost for Little Angel Preschool during the [insert school year] school year. Any remaining balance is your responsibility to pay.

Please contact me if you have any questions or need additional information.

God Bless,

[insert Director name]
Little Angel Preschool Director
[insert phone number]
[insert email]

ADOPTED: 6/3/2019