



# Little Angel Preschool

## Scholarship Program Information & Application

Little Angel Preschool is excited to be able to offer scholarships to families enrolled in the preschool program. These funds are made available through our *Adopt an Angel Program* and other donations from St. John's Evangelical Lutheran Church members. All the funds raised in this program go towards preschool scholarships.

To apply for a Preschool Scholarship, complete the attached application and send the application and a copy of all required documents for all individuals supporting the household to the Little Angel Preschool Director.

### Program Details:

- Scholarship deadline is: [REDACTED]
- Students must be enrolled in the preschool program, including the registration fee of \$75, in order to reserve the child's enrollment.
- Scholarship funds will be paid directly to Little Angel Preschool.
- If any information is falsified on this application or supporting documentation, the scholarship will immediately be revoked and all monies dispersed must be returned to the Adopt an Angel Fund.

### Eligibility Requirements:

- Children must be 3, 4, or 5 years of age as of September 1st of the upcoming school year.
- Children must complete Early Childhood Screening within \_\_\_ days of the first day of school
- Children are currently attending or will be attending Little Angel Preschool.
- Each family that receives a scholarship will be asked to volunteer at one of the events hosted by Little Angel Preschool or St. John's Evangelical Lutheran Church.
- Little Angel Preschool uses the income guidelines below to determine if a scholarship will be awarded as well as the amount of the award. Please note that this is gross income and includes salary, wages, stipends, and child support.

The chart below is based on poverty guidelines published in the Federal Register on January 18, 2018.

Household Size	Maximum Family Income	Household Size	Maximum Family Income
2	\$30,451	6	\$62,419
3	\$38,433	7	\$70,411
4	\$43,500	8	\$78,403
5	\$54,427	9	\$86,395

For additional family units add \$7,992 for each additional member

## How to apply for Little Angel Preschool Scholarship:

- Complete the scholarship application and mail with all documentation to

Little Angel Preschool  
Attn: Director  
PO Box 166  
Stacy, MN 55079

- Scholarship applications will be reviewed by the Director.
- If your child is awarded a scholarship, payment will be made directly to Little Angel Preschool. A copayment may be required by the preschool and will be the responsibility of the parent/guardian.
- Preschool attendance will be monitored by the director, any student with 5 consecutive unexcused absences may be at risk of losing their scholarship. One warning will be given to parents by the director when 3 consecutive unexcused absences have occurred. If a scholarship is terminated, full preschool tuition will then be the responsibility of the parent/guardian.
- Application for scholarships will not be considered until a completed application and a copy of all supporting documentation has been received. The registration fee is the responsibility of the parent/guardian.
- The income guidelines in the chart above are used as a guide to determine scholarship eligibility and scholarship amount. Income documentation must be presented for all persons contributing to the household family income.
- Our scholarship fund is limited, and while we will review all applications that are received we cannot guarantee that all applicants will receive assistance.
- Scholarships may be awarded for a full year or partial year.
- All information received during the scholarship process will be kept confidential.

Thank you for your interest in Little Angel Preschool. You will be contacted as soon as all applications have been reviewed.

Nakesha Lopez  
Little Angel Preschool Director  
651-462-5115



**Little Angel Preschool**  
 A Ministry of St. John's Evangelical Lutheran Church  
 PO Box 166  
 31075 Genesis Ave  
 Stacy, MN 55079

### Little Angel Preschool Scholarship Application

This application is for the Little Angel Preschool Program. Please mail or drop off the completed application and supporting documents to: Little Angel Preschool, PO Box 166, Stacy, MN 55079. For questions, contact the Director at [littleangelpreschool.info@gmail.com](mailto:littleangelpreschool.info@gmail.com)

CHILD'S INFORMATION		
Name	Date of Birth	Age as of Sept 1. (Current Year)
Early Childhood Screening completed or scheduled for: _____ Location: _____		

PARENT INFORMATION	
Parent/Guardian 1	
Parent/Guardian's First Name	Parent/Guardian's Last Name
Home Address:	
City, State, Zip:	
Phone 1 Cell _____ Home _____ Work _____	Email Address:
Employer:	Relationship to child:
Parent/Guardian 2	
Parent/Guardian's First Name	Parent/Guardian's Last Name
Home Address:	
City, State, Zip:	
Phone 1 Cell _____ Home _____ Work _____	Email Address:
Employer:	Relationship to child:

Please list all children living in the household			
Child's First Name	Child's Last Name	Birthdate	School
1.			
2.			
3.			

**HOUSEHOLD INCOME**

<b>Number of adults in household:</b>	<b>Number of children in household:</b>	<b>Are you expecting?</b>
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**Household's total yearly income, before taxes:**

**Do you receive Child Support?**

**Proof of Income and/or Assistance:**  
 Proof of household income is required to be considered for tuition reductions for the Little Angel Preschool scholarship program. Please provide one of the following:

- Copy of Last Years Federal Invoice Tax Return
- Copies of all Last years W-2's
- Copies of last three pay stubs for each employed adult in household
- Food Support (SNAP)
- Child Care Assistance
- WIC

<b>Name</b>	<b>Gross monthly wages &amp; salary</b>	<b>Pension, SSI, Social Security, Retirement</b>	<b>Public Assistance, Child Support, Alimony</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**Tell us about your family's situation - include any extraordinary circumstances such as medical bills, unemployment, etc:**

**What is the estimated amount per month you feel your family can afford for preschool?**

**Have you applied for any child care assistance programs?  
 If Yes, which programs?**

I certify that the information provided is true and correct. I will notify the Little Angel Preschool Director if income guidelines change.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Below: Staff use only**

Total household size: \_\_\_\_\_ Total household income: \_\_\_\_\_ Household receives: SNAP CCAP WIC

Approved / Denied Class: \_\_\_\_\_

Scholarship Amt: \_\_\_\_\_ % Monthly Payment: \$ \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_