



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 Littleangelpreschol.info@gmail.com

CHILD'S INFORMATION		
Name	Date of Birth	Age as of Sept 1
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 _____	Phone 2 Cell _____ Home _____ Work _____
Email Address:bn.	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 _____	Phone 2 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	Grade
1				
2				
3				
4				

All information provided is confidential

HOUSEHOLD INCOME

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

Do you receive Child Support?

Proof of Income:
 Proof of household income is required to be considered for tuition reductions for 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)
- Minnesota Family Investment Program (MFIP)
- Child Care Assistance
- WIC

Name	Gross monthly wages & salary	Pension, SSI, Social Security, Retirement	Public Assistance, Child Support, Alimony
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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 this information is true and correct. Because federal and state funds may be paid on the basis of this information, I understand that school officials may verify the information and any deliberate misrepresentation may subject me to prosecution under applicable laws. I will notify 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: FRLP SNAP MFIP CCAP

Approved / Denied Class: _____

Staff Signature: _____ Date: _____

Scholarship Amt: _____% Monthly Payment: \$_____