



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

2020-2021 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: \$_____