

StormHawks Preschool: Financial Aid Request

Child's Name _____ Child's Date of Birth _____ M F

Guardian's Name _____ Email _____

Address _____ City/Zip _____

Daytime Phone _____ Other Phone _____

Number of people living in household _____ Adults _____ Children _____

Please tell us about your need for financial assistance:

Financial Concerns

Enter monthly tuition that **you are able to pay**; \$ _____

Other factors that put your child at risk for not being fully prepared for kindergarten. Please check all that apply:

Developmental or behavioral concerns

Child's primary language other than English; Language spoken by child _____

No previous preschool experience

Does your child require transportation? No Yes: Request transportation by completing the "Transportation Request Form"

Has your child completed Early Childhood Screening? No Yes

State funds are used on the basis of this information. I certify the information provided on this application is true and correct.

Signature _____ Date _____

Please include **one** of the following with is application:

- a copy of two paystubs or W2 forms
- most recent income taxes of household income
- statement of county services provided

Return form and required documents to:

StormHawks Preschool Attn: Early Childhood Specialist
110600 Village Rd, Chaska, MN 55318

There is a \$50 registration fee due when the child is accepted into scholarship.
The registration fee must be paid prior to your child beginning preschool.

