

PRESCHOOL TUITION ASSISTANCE INFORMATION

Can't Afford Preschool Tuition?

A limited number of preschool tuition scholarships are available for families who meet specific income guidelines and are willing to follow state requirements of:

- The child is at least 3 years old by September 1, 2024
- The child has participated in Early Childhood Screening (OR will participate within 90 days of enrollment).
- The child has one or more of the risk factors as defined by the state
- Parents complete the required application forms:
 1. The form on the reverse side.
 2. The preschool application form.
 3. Provide a copy of your last year's tax return and W-2's, or 2 most recent paystubs for all income earners in the household.

If you feel your family would qualify for a scholarship, please fill out the reverse side of this page and return it with your application for preschool. *We will determine if you qualify for scholarship funds and will call you to let you know what the tuition fee will be for your child.*

DO NOT SEND REGISTRATION FEE OF \$50.00. THIS FEE WILL BE REDUCED IF YOUR CHILD QUALIFIES FOR A SCHOLARSHIP.

For any questions, please call Tiffany Reinhard at 763-477-7500.

Student Name: _____

Tuition Assistance Income Work Sheet

Complete & return with a copy of your most recent tax return and W-2's, or the 2 most recent paystubs for all income earners in the household, whichever is most reflective of current income. These documents will be shredded upon processing your application. *This form will be used to determine tuition scholarships. It will be seen only by the Early Childhood Coordinator.*

Household size (pregnant women count as 2): _____

Most recent yearly income of all household members from work;
(before deductions) include all **jobs**: \$ _____

Social Security/Pension/Retirement: \$ _____/month

Unemployment/Worker's Compensation/Strike Benefits: \$ _____/week or month (*circle*)

Child Support/ Spousal Maintenance: \$ _____/month

Tips: \$ _____/week

Other income: \$ _____/week or month (*circle*)

In the last 6 months, has your family received/utilized:

___ MFIP ___ Food Support (SNAP) ___ Medical Assistance ___ Free/Reduced Lunch Program
___ CCAP (Child Care Assistance) ___ Head Start

Please note below any unusual circumstances, financial or otherwise, for your family:

I certify that the above information is correct.

Signature _____ Date _____

School district officials may ask to have the financial information on this application be verified. Deliberate misrepresentation of financial information can subject persons to prosecution of fraud by state and federal laws.