



2024-2025 Pre-K Scholarship Application

Please return this completed form to:
Early Childhood Center at Parkview
701 County Road B West, Roseville, MN 55113
or scan and email to elsa.carlson@isd623.org

The information requested on this form helps us understand more about how to support your family's needs and to determine eligibility for fee assistance.

Child's Full Name: _____ Date of Birth (month/day/year): _____
Parent/Guardian Name(s): _____
Address: _____
Phone Number: _____ Email: _____

Who are the primary caregivers? (Select all that apply):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Father | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grandparents | |

How many people are in your household? Adults: _____ Children: _____

What is the highest level of education you (primary caregivers) have completed?

- | | |
|--|--|
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> Some college (no degree) |
| <input type="checkbox"/> 12th grade (did not graduate) | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Bachelor's degree or higher |

Do you participate in any of these programs? (Select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Child Care Assistance (CCAP) | <input type="checkbox"/> Food Support (SNAP) |
| <input type="checkbox"/> MN Family Investment Program (MFIP) | <input type="checkbox"/> Child and Adult Care Food Program (CACFP) |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Free or Reduced-Price Lunch | <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Medical Assistance (MA) | |

Other family factors. (Select all that apply):

- English language learner (ELL)
- Homeless (shelter, moving from place to place, staying temporarily with family or friends, in a car, hotel, etc.)
- Child receives ECSE services (IEP)
- Severe/chronic health concerns
- Income loss due to COVID-19
- Other (please explain): _____

What is your household income before taxes?

\$ _____ annually / monthly / biweekly / weekly (CIRCLE ONE)

Are you currently receiving, or have you ever received, a Pathways 1 or 2 scholarship? Yes No

Has your child been in Pre-K before? Yes No If yes, where? _____

I verify that all of this information is true to the best of my knowledge.

Signature: _____ Date: _____

This information does not guarantee that a scholarship can be offered. Sliding fee discounts may be available based on income and other factors. You may be asked to provide recent proof of income before any scholarship is finalized. For questions, please call 651-604-3578.