2025-26

School Readiness/Scholarship program

For Office Use Only
Date Received: _____
Class ID: _____
Payment Received Date: _____
Payment Amount Received: _____
Desired Tuition Amount: _____
Kopp SR Pathway I

*Return with **2 pay stubs** for each working adult & **Income Tax Return**

Date: _____
Child's Name: _____ Total # of people who live at address: _____
Address: _____ City: _____ Zip Code: _____
Home phone number: _____
Child's Birth Date: _____ Age as of Sept 1, 2024: _____ M_____ F_____
WIC # (if applicable): _____

Parent Name: _____
Address: _____
City/Zip:_____
Occupation: _____
Employer: _____
Cell phone: _____
Email: _____

Parent Name_____
Address: _____
City/Zip: _____
Occupation: _____
Employer: _____
Cell phone: _____
Email: _____

Household <u>Monthly</u> Income Information:

Name of Adult: _____Age_____
Wages and Salaries: $_____ Pension/SS: _____
Unemployment: $_____ Public Assistance: $_____
Child Support: $_____ Alimony: $_____Other Income: $ _____

Name of Adult: _____Age_____
Wages and Salaries: $_____ Pension/SS: _____
Unemployment: $_____ Public Assistance: $_____
Child Support: $_____ Alimony: $_____Other Income: $ _____

Return form to Briana Hunt, Minnetonka Preschool, briana.hunt@minnetonkaschools.org