Application for Financial Assistance 2026-2027

Multiple funding sources are available for qualifying families. (Not all scholarships are income-based.)Requests will be considered based on needs, available funds, proof of income, and completion of all required paperwork and enrollment forms.

STUDENT LEGAL NAME (Please Print) **DATE:**_____

First Name:	Middle Name:	Last Name:
Date of Birth:	Age on Sept 1 2026:	Foster Child? ☐ YES ☐ NO

1. Has your child completed an Early Childhood Screening through a school district? ☐ YES - Completed in school district: _____ ☐ **NO** - Call (651) 306-7521 or go to www.ighEarlyLearning.org to schedule appt.	
2. Have you applied, or do you plan to apply for Head Start?	☐ YES ☐ NO
3. Have you applied for, or received, a Pathways One Scholarship from the State of Minnesota before?	☐ YES ☐ NO
4. Have you applied for, or received a Pathways Two Scholarship or Financial Aid from another childcare program or other preschool?	☐ YES ☐ NO

5. Is your child receiving services from a medical or mental health provider, speech therapist, or behavior specialist?	☐ YES ☐ NO
6. Has your child been evaluated or received services from Early Childhood Special Education in the past 4 years?	☐ YES ☐ NO
7. Does your child currently have an IEP or IFSP with a school district for Special Education services?	☐ YES ☐ NO

8. Is either parent a migrant or seasonal agricultural laborer?	☐ YES ☐ NO	12. Has your child experienced homelessness in the last 24 months?	☐ YES ☐ NO
9. Is either parent under age 21 and pursuing a high school diploma or GED?	☐ YES ☐ NO	13. Is your child an English Language Learner?	☐ YES ☐ NO
10. Is either parent currently in a substance use treatment program, in jail, prison, detention center or on active supervision?	☐ YES ☐ NO	14. Has your child experienced domestic violence?	☐ YES ☐ NO
11. Is either parent currently in a mental health treatment program?	☐ YES ☐ NO	15. My family has other extenuating circumstances. Please contact me to discuss further.	☐ YES ☐ NO

Is your family currently participating in any of these publicly funded programs? (Check all that apply)

	Educational Benefits: Free and Reduced Lunch Program		Food Support (SNAP)/Food Stamps
	Child Care Assistance (CCAP)		Child and Adult Care Food Program (CACFP)
	Food Distribution Plan on Tribal Lands		Minnesota Family Investment Program (MFIP)

Number of adults in the household?	A	**What was the total household income before taxes?**
Number of children under the age of 18 in the household?	B.	**Per Year**_____ **OR Per Month**_____
TOTAL number of people in the household (Add line A and line B) =		**Proof of Income:** To be considered for financial aid, proof of income is required for most scholarships. Acceptable documents include Letter from one of the above programs or 2 most recent pay stubs from each adult wage earner.

Parent/Guardian #1

Name:
Signature:
Phone Number:

Parent/Guardian #2 (optional)

Name:
Signature:
Phone Number:

Return forms to the IGH Early Learning Center, *Monday - Friday from 7:30 AM to 3:30 PM*

3203 68th St East, Inver Grove Heights MN 55076 (Next to Hilltop Elementary Door #2)

Email: Preschool@isd199.org / Phone: 651-306-7503 / Fax: 651-306-7521