White Bear Lake Area Schools Early Childhood Program

**2023-2024** Financial Aid Application for Tuition Assistance

Funding is available for free or reduced tuition fees. Scholarship will be distributed on a needs/availability basis. To make a more informed decision concerning your financial aid, please complete this application.

NO CHILD WILL BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX OR DISABILITY

**\*\*\* \*\* \*This form will not be accepted until each section has been completed and required documentation attached.**

**Personal Information:**

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Birthdate\_\_\_/\_\_\_\_/\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child's Gender: (circle one) Male Female

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 1:** 

Address (if different than above):

Email:

**Parent/Guardian 2:** Phone: (h) 

Address (if different than above):

**Total** Number of persons in the household including the child: 

List name of each additional person living in the household with the child:

**Name:** **Relationship:** **Age:** (Children)









**Preschool Information**

Requested preschool class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child gone through Early Childhood Screening: YES NO  If yes, Date:

What elementary school will your child attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you qualify for transportation will you need it? Y or N To and from what address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Risk Factors:**

|  |  |
| --- | --- |
| Qualifies for free or reduced price lunch(**copy of approval letter is req’d**)  Child is an English Language Learner | \_\_\_\_\_\_\_\_Child in Foster Care  \_\_\_\_\_\_\_\_Screening risk factor |

\_\_\_\_\_\_­­­\_ Family is homeless \_\_\_\_\_\_\_\_None of the above

**Financial Information:**

Household Income: Person Employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Additional Income: | Unemployment: | Worker'sComp: | |  |

|  |  |  |
| --- | --- | --- |
|  | Child Support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Self Employment: |

|  |  |
| --- | --- |
| Other Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Social Security:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **You MUST provide a copy of your last W2 or the last 2 consecutive pay receipts for everyone working in the home to verify your income or a letter from SNAP form to be considered for financial assistance.**
* **Financial assistance will be based on income and program eligibility.**
* **White Bear Lake Early Childhood Program reserves the right to assign program location based on financial assistance eligibility.**

Please list any unexpected debts or circumstances:





**What would your family be able to pay per month for your child's preschool class: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person completing this application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant's Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this application to: White Bear Lake Area Schools Early Childhood Program

2482 E County Road F

White Bear Lake, MN 55110

* + Immunizations are required as part of the registration process. Please have your child's immunizations faxed to: 651-653-3155 or email EC@ISD624.org
  + A copy of your child's birth certificate is also required

**Questions? call 651-653-3100 or email EC@ISD624.org**

We appreciate your cooperation filling out ALL information on this form. All information will be kept confidential. Failure to

provide the requested information mav cause a delav in vour child's enrollment.