



Little Knights Preschool Educational Benefits Application

I.S.D. 2071 E.C.F.E/S.R. & Little Knights Preschool

Alisha Prange, Coordinator

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Child's name: _____ **Parent's Name:** _____

To be eligible for a School Readiness preschool scholarship a child/parent must:

*be 3 years old by September 1, 2021

*have completed a health and development screening within 90 days of program enrollment (our program will set this up)

*be a resident of School District 2071

*commit to attending sessions of parent/child classes during the school year (more details will follow)

*commit to helping with the Jungle Boogie fundraising event (Saturday, March 26th, 2022)

AND have one or more of the following risk factors:

*qualify for free or reduced school lunch, is an English language learner, is homeless, and/or is identified through Early Childhood Screening or another health and developmental screening with a potential risk factor that may influence learning.

To help us determine eligibility, please indicate below any factors that may qualify your child for a preschool tuition scholarship. Scholarships are on a sliding scale. THIS INFORMATION IS CONFIDENTIAL.

___ Child is an English language learner or a second language is spoken at home.

___ Family is homeless, has inconsistent or inadequate housing, due to economic

___ Single parent, divorced parent, teen parent

___ Education of parent(s) is less than a high school diploma.

___ Parent or sibling learning concern (explain) _____

___ Child learning concern (explain) _____

___ Child behavior concern (explain) _____

___ Child medical concern (explain) _____

___ Family may qualify for free/reduced lunch. (Refer to guidelines on next page)

Please fill out the other side of this page

___ Family is experiencing financial stress at this time.

___ **Our family may not meet the income guidelines or the district guidelines stated prior but we are requesting a scholarship due to:**

I certify that this information is true and correct. Because federal and state funds may be paid on the basis of this information, I understand that school officials may verify the Information and any deliberate misrepresentation may subject me to prosecution under applicable laws.

I will notify the Little Knights Coordinator if income guidelines change.

Signature of Parent/Guardian:

Printed Name: _____

Date: ____/____/____