

Branches of Light - Sunshine Preschool
9300 Scandia Trail N., Forest Lake, MN 55025
Scholarship Application

School year _____

A limited number of financial assistance scholarships are available through the Michelle Brown Memorial Scholarship Fund. Eligible students must be formally registered for the program.

Eligibility will be determined by Sunshine Preschool Directors using Federal Poverty Guidelines. Families requesting financial aid must complete this application form and submit it to the director with required attachments to be considered. First consideration will be given to applications received before August 15th. The Branches of Light Board will give final approval at their August Board meeting. All scholarships awarded will be reviewed in December.

The Board will consider applications received after August 15th at their September Board meeting. New requests will be reviewed monthly as long as funds are available.

Families are eligible for only one type of financial aid. That means that siblings and staff discounts no longer apply if eligible for financial assistance based on Federal Poverty Guidelines.

Each application must have attached all of the following items in order to be considered:

1. Copy of current year's tax forms/returns
2. Last 2 pay stubs or other income statements for each parent/guardian

The above documentation must demonstrate income at or below the income level in the chart included here:

Gross Income Chart

Household Size	Annual Income	Monthly Income	Weekly Income
1	20,036	1,670	386
2	26,956	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional family member add	6919	577	134

**Braches of Light - Sunshine Preschool
Scholarship Application**

Student's Name _____ Birthdate _____

Child's class assignment for this school year _____

Please include information for siblings also to be considered for scholarship:

Student's Name _____ Birthdate _____

Child's class assignment for this school year _____

Student's Name _____ Birthdate _____

Child's class assignment for this school year _____

Parents' Names _____

Full Address _____

Father, Stepfather or Guardian Name _____

Home address _____

Occupation/Job Title _____

Employed by _____

Employer Telephone Number _____

Mother, Stepmother or Guardian Name _____

Home address _____

Occupation/Job Title _____

Employed by _____

Employer Telephone Number _____

Names and ages of other children living in your household, and/or for whom
you provide support: _____

What is your combined (if applicable) annual gross income? _____

Do you receive child support? If so, what amount? _____

Are you currently or will you be receiving other forms of financial assistance?

Explain: _____

Why would you like your child to attend Sunshine Preschool - Kindergarten Enrichment?

Are there any special family circumstances (financial or other) of which we should be aware?

Why do you feel your child should receive a financial assistance scholarship?

I hereby swear and affirm that the above information is true and accurate to the best of my knowledge. I give my permission to Sunshine Directors to verify my stated income with my employers.

Signature of Applicant

Date

Signature of Applicant

Date
