

Dear Parents and/or Guardians,

Good Shepherd Preschool is happy to announce that there is a Grant/Scholarship available for the upcoming school year. This opportunity is available for at least one student who qualifies based on need and desire.

Please feel free to read though the application below and apply understanding that the process is completely confidential. At the time that the Grant/Scholarship is awarded it will only be announced to the receiving families.

If there are any questions please call Good Shepherd Preschool at 507-451-6821.

Sincerely,

Heather Gleason Good Shepherd Preschool Director

# **Application for Educational Grant/Scholarship**

Dear Parent or Guardian,

This Grant/ Scholarship are an opportunity to provide assistance based on financial need. The preschool's mission is to provide preschool children with a Christ centered curriculum and environment to nurture the spiritual, emotional, social, intellectual, and physical skills necessary for Christian living. Our hope is to make this opportunity available to at least one child a year.

To apply for free or reduced school tuition complete the enclosed Application for Educational Benefits and send a photo copy of your IRS 10-40 or W-2's for proof of income. Please return the application and proof of income to the Good Shepherd office on or before August 1st.

Name of Applicant (Student)	Class (circle one)
	3 year old class (\$95)
	4 year old class (\$135)
	5 year old class (\$165)
	5 year old class (\$195)

**Directions:** The following questions are a very important part of the screening process. Please reflect upon them carefully and give us your candid responses.

1. What are the three most important reasons you would like your child to attend Good Shepherd Preschool?

2. When you think about your child, in what major way do you want him/her to be influenced?

# **Application for Educational Grant/Scholarship**

1. Household	Information	Please PRINT information of ADULT signing this application
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Last Name	First Name		**
Mailing Address			
City	State	Zip	

#### 2. All Children in household from birth through high school

Last Name	First Name	Gender (circle one)	Age
1.		$\mathbf{M}$ $\mathbf{F}$	
2.		$\mathbf{M}$ $\mathbf{F}$	
3.		M F	
4.		$\mathbf{M}$ $\mathbf{F}$	
5.		M F	
6.		M F	

### **3. All Adult Household Members** (including person in step 1)

LIST ALL GROSS INCOME AND HOW OFTEN IT IS RECEIVED- weekly(W) biweekly(BW) monthly(M)

Last Name	First Name	Gender (circle one)
1.		M F
<b>Gross Wages:</b>		Pension:
Social Security:		<b>Unemployment/Work Comp:</b>
<b>Public Assistance:</b>		Child Support:
Alimony:		Other:

Last Name	First Name	Gender (circle one)
2.		M F
<b>Gross Wages:</b>		Pension:
Social Security:		<b>Unemployment/ Work Comp:</b>
<b>Public Assistance:</b>		Child Support:
Alimony:		Other:

### 4. Signature and Date

I certify that this information is true and correct.
Signature of Adult Household Member

Signature of Adult Household Member Date

**Return Completed Form To:** Good Shepherd Preschool

2500 7<sup>th</sup> ave NE Owatonna, MN 55060