

## Little Bison Preschool & Bison Preschool Scholarship Application

Child Name:	Child's Date of Birth:		
Parent 1 Name:	Parent 2 Name:		
Address:	Address:		
 Phone:	Phone:		
Email:	Email:		
Please share the amount of tuition that your family is able to contribute per month:			
<ul><li>Income verification is required for scholarship cons</li><li>forms for income verification:</li><li>W-2</li></ul>	sideration. Please attach one of the following		
• Last year's tax form			

- 3 pay stubs
- Letter of county services, on county letterhead
- Copy of free/reduced food service letter from your school district from the current school year

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Please return this form and income verification documents to the ECFE office at 301 2nd Ave NE, Buffalo, MN 55313, fax 763.682.8795, or email to jgreenhagen@bhmschools.org.

## **Office Use Only**

- \_\_\_\_ Registration Submitted
- \_\_\_\_ Verification of Income Submitted
- Homeless
- \_\_\_ District Identified
- \_\_\_\_ Tuition Rate Determined

\_\_\_\_ Parent Notified (date):\_\_\_\_\_ \_\_\_\_ EC Screening Completed \_\_\_ ELL \_\_\_ IEP Tuition Total: \_\_\_\_\_

Notes: \_\_\_\_\_







## **Federal Poverty Income Guidelines**

The chart below is based on the poverty guidelines published in the Federal Register on January 19, 2023 and is valid for awards from July 1, 2023 through June 30, 2024.

Family Size	Gross Income	Family Size	Gross Income
2	\$36,482	6	\$74,518
3	\$45,991	7	\$84,027
4	\$55,500	8	\$93,536
5	\$65,009	9**	\$103,045

\*\*For family units of more than nine members, add \$9,509 for each additional member.

## OR Currently participate in at least one of the following programs:

- MFIP
- CCAP
- Free and Reduced Price Lunch Program (FRLP)
- CACFP (by income)
- Food Distribution Program or Indian Reservations
- SNAP
- Foster Care



