

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: _____

Family Size # (# of people in household): _____

Please share the amount of tuition that your family is able to contribute per month: _____

Income verification is required for scholarship consideration. Please attach one of the following forms for income verification:

- W-2
- 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 ___ Parent Notified (date): _____
___ Verification of Income Submitted ___ EC Screening Completed
___ Homeless ___ ELL
___ District Identified ___ IEP
___ Tuition Rate Determined **Tuition Total:** _____

Notes: _____

Income Eligibility Guidelines: Effective October 2025-October 2026

Family size	Annual income to be eligible (85% State Median Income)	Annual income to receive priority (47% State Median Income)
2	\$83,231	\$46,022
3	\$102,814	\$56,850
4	\$122,398	\$67,679
5	\$141,982	\$78,508
6	\$161,565	\$89,336
7	\$165,237	\$91,367
8	\$168,909	\$93,397
9	\$172,581	\$95,427
10	\$176,253	\$97,458
11	\$179,925	\$99,488
12	\$183,597	\$101,519
13	\$187,269	\$103,549

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