

## StormHawks Preschool: Financial Aid Request

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ M F  
Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### Please tell us about your need for financial assistance:

Financial Concerns

Enter monthly tuition that **you are able to pay**; \$ \_\_\_\_\_

Other factors that put your child at risk for not being fully prepared for kindergarten. Please check all that apply:

Developmental or behavioral concerns

Child's primary language other than English; Language spoken by child \_\_\_\_\_

No previous preschool experience

Does your child require transportation?  No  Yes: Request transportation by completing the "Transportation Request Form"

Has your child completed Early Childhood Screening?  No  Yes

**State funds are used on the basis of this information. I certify the information provided on this application is true and correct.**

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

Please include **one** of the following with is application:

- a copy of two paystubs or W2 forms
- most recent income taxes of household income
- statement of county services provided

Return form and required documents to:

StormHawks Preschool Attn: Sybil Druce 110600 Village Rd, Chaska, MN 55318

There is a \$50 registration fee due when the child is accepted into scholarship.  
The registration fee must be paid prior to your child beginning preschool.

