

**St. John's Lutheran Preschool  
FINANCIAL AID APPLICATION  
2026-2027**

**Child Information:**

Child's Full Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Date of Birth \_\_\_\_\_

Primary Residence: Both Parents \_\_\_\_ Dad Only \_\_\_\_ Mom Only \_\_\_\_ Other \_\_\_\_\_

Child's Address: \_\_\_\_\_

Has anyone in the family previously attended St. John's Lutheran Preschool? Yes \_\_\_\_ No \_\_\_\_

If yes, please specify who and when \_\_\_\_\_

Is the child currently attending St. John's Lutheran Preschool? Yes \_\_\_\_ No \_\_\_\_

**Parent/Guardian Information:**

Name/Relationship

Name/Relationship

Address

Address

City

City

State/Zip

State/Zip

Home Phone

Home Phone

Employer

Employer

Full or Part-time

Full or Part-time

Work Phone

Work Phone

List any and all dependents or persons receiving support from you:

Name	Relationship	Living with you
		Yes ____ No ____
		Yes ____ No ____
		Yes ____ No ____
		Yes ____ No ____
		Yes ____ No ____

Please turn over and complete other side →

How much are you able to contribute to monthly tuition?

Class	Total Monthly Tuition	Parents/Guardian's Monthly Contribution
2 day	\$164	\$_____
3 day	\$208	\$_____
5 day	\$340	\$_____

Who is financially responsible for the child?

\_\_\_\_\_

Please list the monthly income for anyone who is financially responsible for the child: \_\_\_\_\_

\_\_\_\_\_

Do you receive any child support for the child? \_\_\_\_\_

Do you receive any Federal and/or state financial assistance? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Please describe your personal situation. Be sure to explain outstanding financial commitments such as medical bills, loss of income, etc. Describe any and all current circumstances which require you to need financial assistance. Feel free to attach additional sheets as necessary.

*By signing this form I agree to provide St. John's Lutheran preschool with proof of financial need, if requested. Furthermore, the information listed on this form is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Financial Aid is granted at the discretion of the preschool board's Financial Aid Committee. All applicants will be notified by mail of the committee's decision within 30 days of application.**

**Scholarship awards are for monthly tuition only. Registration fees and other incidentals must be paid by the parent/guardian.**

**Financial aid is for the current school year only. Families must re-apply each school year.**

*St. John's Lutheran Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and all other school administered programs.*