



Vermilion Local Schools and its participating preschool program require all applicants to present verification of income for the previous 12 months in order to determine eligibility for financial assistance. Please fill out the following application and make sure to include the required income verification. Once the Vermilion Local Schools and the participating preschool have reviewed and made a decision, you will be contacted.

County of Residence: Erie Lorain

Student's Name: _____ Date of Birth _____

Parent/Guardian's Name: _____

Mailing Address: _____

Contact Home Phone #: _____ Contact Cell Phone #: _____

What amount do you feel you could pay towards your child's monthly tuition? \$ _____

In order to determine all sources of annual household income, please answer the following questions:

- Do you or anyone in the household receive SSI? Yes No
 If Yes, please give amount: \$ _____
- Have you received unemployment compensation in the past 12 months? Yes No
 If Yes, please give amount: \$ _____
- Do you qualify to receive food stamps? Yes No
 If Yes, please give amount: \$ _____
- Do you receive child support? Yes No
 If Yes, please give amount: \$ _____ Weekly \$ _____ Bi-weekly \$ _____ Monthly
- Family size: _____ Adults _____ Children
- Total Annual Household Income: \$ _____
Please include all sources of income, including the ones mentioned above.

All household earners are REQUIRED to submit the following documents along with this application:

- 1) Front page of most recent income tax form
- 2) The TWO most recent paycheck stubs

Applications without the required income verification documentation will not be considered for financial assistance.
 Any falsification of this information will jeopardize your financial assistance.

The preschool reserves the right to request updated income verification at any time throughout the school year to continue providing the financial assistance. If your financial circumstances change, contact your preschool teacher.

I certify that all the information on this application is true. If any part is false, my participation in this agency's program may be terminated.

 Parent/Guardian Signature:

 Date

TO BE COMPLETED BY THE PRESCHOOL

For School Year: _____

Preschool Monthly Tuition: \$ _____

Recommended Student's Monthly Scholarship \$ _____

Family Contribution \$ _____

 Special Education Director Signature

 Date



Scholarship Criteria

- 1) Applicant must be at or below 150% of the Federal Poverty Level: Find your family size and monthly or yearly income below to determine if you are eligible for this preschool scholarship. Pregnant women count as two people of the purpose of this chart.

Federal Poverty Guidelines

Household Size	100%	133%	150%
1	\$11,880	\$15,800	\$17,820
2	16,020	21,307	24,030
3	20,160	26,813	30,240
4	24,300	32,319	36,450
5	28,440	37,825	42,660
6	32,580	43,331	48,870
7	36,730	48,851	55,095
8	40,890	54,384	61,335

- 2) **Qualification Guidelines:** Must meet the qualification guidelines as outlined via Northpoint Educational Service Center
- 3) **Attendance Requirement:** The student must maintain a required 90% attendance rate to continue eligibility in the scholarship program.
- 4) **Special Circumstances:** Do you have any other financial obligations of which you would like to make us aware? Please describe below any special circumstances you or your family are experiencing.

We reserve the right to make any adjustments when awarding scholarships due to extenuating circumstances.