# Saint Martin's Lutheran Preschool Jean Coburn Hill Scholarship Application 2025-2026

To qualify for the scholarship, applicants must:

- Be in good financial standing with St. Martin's Lutheran Preschool
- Have a complete student profile

### To apply for the scholarship:

- Complete this questionnaire thoroughly and accurately.
- Attach a copy of a current pay stub
- Attach a copy of your most recent income tax/W-2.
- Attach a letter explaining the circumstances of your current hardship/need for assistance.

Only complete applications will be considered.

Your response and attached documentation will remain confidential.

## **Application Deadlines:**

- Scholarships beginning in the Fall Semester: August 1<sup>st</sup>
- Scholarships beginning in the Spring Semester: December 1st
- Scholarships beginning in the Summer Semester: May 1st

#### HOUSEHOLD INCOME TABLE

Household Size	Max Monthly Income (150% FPL)	Max Monthly Income (200% FPL)
2	\$2,643	\$3,525
3	\$3,331	\$4,441
4	\$4,018	\$5,358
5	\$4,706	\$6,275

#### **AWARD TIERS**

	Family Income (Household of 4)	% of FPL
Tier 1 – High Need	≤ \$3,348/month	≤ 125%
Tier 2 – Moderate Need	\$3,349–\$4,019	126–150%
Tier 3 – Mild Need	\$4,020–\$4,957	151–185%
Tier 4 – Limited Need	\$4,958–\$5,358	186–200%

<sup>\*</sup>SMLS uses the current Federal Poverty Guidelines (FPL) and our tuition rates, we define 4 standard scholarship tiers based on family income.

# **GENERAL INFORMATION**

Applicant's Name				
Home Address				
Home Phone Work Phone				
Employer	Hrs per wk			
Employer's Address				
1. Child's Name				
<ul> <li>Pre-K 3 &amp; 4 (3y-5y): \$1,300</li> <li>School Age Summer Camp (6y-8y): \$1,100</li> <li>3. Child's Name D.O.B.</li> <li>Month/Year child first enrolled at Saint Martin's</li> <li>Please select the program this child will be enrolled in: <ul> <li>Infant 1 (3-12 months): \$1,700</li> <li>Infant 2 (13-17 months): \$1,600</li> <li>Toddlers &amp; Preschoolers (18m-3y): \$1,300</li> <li>Pre-K 3 &amp; 4 (3y-5y): \$1,300</li> <li>School Age Summer Camp (6y-8y): \$1,100</li> </ul> </li> </ul>				
FINANCIAL INFORMATION  1. Gross Wages: \$ per hour /  2. Other Income: Source(s):  3. Total Household Size:				

4.	<ul> <li>4. Has your family experienced any of the following in the last 12 months?</li> <li>□ Job loss or reduction in hours</li> <li>□ Major medical expenses</li> <li>□ Loss of housing or relocation</li> <li>□ Death or illness in immediate family</li> <li>□ Change in family structure (separation, divorce)</li> </ul>				
5.	Do you currently receive any public assistance pr  □ SNAP (Food Stamps)  □ Medicaid/CHIP  □ WIC  □ TANF  □ Subsidized Housing	rograms (check all that apply)?			
	How much are you able to contribute toward tuition more than one child is applying):	on each month (please indicate the whole amount even			
APPLICATION AGREEMENT					
All information provided above is accurate and true. I understand that if I knowingly falsify any information, I will be liable for any financial assistance that I receive through this program. I agree to be interviewed confidentially regarding my childcare arrangement during the next twelve months. Further, I understand that here are limited funds in this program and that tuition scholarship money is not guaranteed.					
Signat	cure of Applicant	Date			
FOR (	OFFICE USE ONLY				
Apl	licant ID:	Monthly Award Amount: \$			
	view Date:	Scholarship Tier:			
	proved by:	☐ Tier 1			
	plied Toward:	☐ Tier 2			
	□ School Year	☐ Tier 3			
	□ Spring	☐ Tier 4			
	□ Summer				