

**Saint Martin's Lutheran Preschool  
Jean Coburn Hill Scholarship Application  
2026-2027**

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: June 1<sup>st</sup>
- Scholarships beginning in the Spring Semester: November 1<sup>st</sup>
- Scholarships beginning in the Summer Semester: April 1<sup>st</sup>

**HOUSEHOLD INCOME TABLE**

Household Size	Tier 1 (0-50%)	Tier 2 (51-75%)	Tier 3 (76-100%)	Tier 4 (101-125%)
2	Up to \$31,294	\$31,295–\$46,941	\$46,942–\$62,588	\$62,589–\$78,235
3	Up to \$38,658	\$38,659–\$57,987	\$57,988–\$77,316	\$77,317–\$96,645
4	Up to \$46,020	\$46,021–\$69,030	\$69,031–\$92,040	\$92,041–\$115,050
5	Up to \$53,382	\$53,383–\$80,073	\$80,074–\$106,764	\$106,765–\$133,455

\*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 \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Month/Year child first enrolled at Saint Martin's \_\_\_\_\_
- Please select the program this child will be enrolled in:
  - Infant 1 (3-12 months): \$1,700
  - Infant 2 (13-17 months): \$1,600
  - Toddlers & Preschoolers (18m-3y): \$1,300
  - Pre-K 3 & 4 (3y-5y): \$1,300
  - School Age Summer Camp (6y-8y): \$1,100

2. Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Month/Year child first enrolled at Saint Martin's \_\_\_\_\_
- Please select the program this child will be enrolled in:
  - Infant 1 (3-12 months): \$1,700
  - Infant 2 (13-17 months): \$1,600
  - Toddlers & Preschoolers (18m-3y): \$1,300
  - Pre-K 3 & 4 (3y-5y): \$1,300
  - School Age Summer Camp (6y-8y): \$1,100

3. Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Month/Year child first enrolled at Saint Martin's \_\_\_\_\_
- Please select the program this child will be enrolled in:
  - Infant 1 (3-12 months): \$1,700
  - Infant 2 (13-17 months): \$1,600
  - Toddlers & Preschoolers (18m-3y): \$1,300
  - Pre-K 3 & 4 (3y-5y): \$1,300
  - School Age Summer Camp (6y-8y): \$1,100

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**FINANCIAL INFORMATION**

1. Gross Wages: \$ \_\_\_\_\_ per hour / week / two weeks / month

2. Other Income: \_\_\_\_\_ Source(s): \_\_\_\_\_

3. Total Household Size: \_\_\_\_\_

4. Has your family experienced any of the following in the last 12 months?
- Job loss or reduction in hours
  - Major medical expenses
  - Loss of housing or relocation
  - Death or illness in immediate family
  - Change in family structure (separation, divorce)
5. Do you currently receive any public assistance programs (check all that apply)?
- SNAP (Food Stamps)
  - Medicaid/CHIP
  - WIC
  - TANF
  - Subsidized Housing
6. How much are you able to contribute toward tuition each month (please indicate the whole amount even if more than one child is applying): \_\_\_\_\_

**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 there are limited funds in this program and that tuition scholarship money is not guaranteed.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Applicant ID: _____	Monthly Award Amount: \$ _____
Review Date: _____	Scholarship Tier:
Approved by: _____	<input type="checkbox"/> Tier 1
Applied Toward:	<input type="checkbox"/> Tier 2
<input type="checkbox"/> School Year	<input type="checkbox"/> Tier 3
<input type="checkbox"/> Spring	<input type="checkbox"/> Tier 4
<input type="checkbox"/> Summer	