2025 Scholarship Application Pg. 1

LITTLE FOREST SCHOOL

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

List additional siblings and ages: _____

Parent/Guardian Applying: _____

Email Address: _____

Spouse/Partners Name: _____

Have you applied for Wisconsin Shares Child Care Subsidy Program? _____

If 'no' to the above question, why? _____

Estimated 2025 annual pre-tax family income:
*Include unearned income such as SSDI, SSP, Food stamps, child support, WIC, Pensions, TANF, Soc. Sec, unemployment)

Check One:

	$0 - $49,999
	$50,000 - $59,999
	$60,000 - $69,999
	$70,000 - $79,999
	$80,000 - $89,999

Last year's gross family income before taxes: _____

What is your family's expected monthly income? _____

What is your family's expected monthy expenses? _____

Proof of your current financial income (minimum of 1 required, check all that are included):

☐ Copy of your 2024 Federal Tax Form ☐ Last 30-days of paystubs

☐ Copy of Medicaid Card (front & back) ☐ Other, please describe: _____

_____

Have you received scholarshp from Little Forest School previously? _____

If yes, which years? _____

Please list all financial circumstances that you would like to have considered as a basis for awarding this scholarship (examples include unexpected medical bills, job loss, high childcare costs):

_____

_____

_____

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Family Contribution: Our goal is to make childcare as accessible as possible while ensuring that scholarship funds are distributed fairly among families in need. To help us better understand your situation, please indicate the

How much can your family afford to pay for childcare each month? $_____ per month

We encourage families to contribute what they can, as this allows us to support more children in need. If your financial situation changes, you may reapply for scholarship consideration at any time.

I acknowledge that scholarship awards are based on financial need and available funding, and I am not guaranteed a specific amount of assistance. I also understand that I must reapply each year to be considered for continued scholarship support and may submit a new application if my financial situation changes.

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from receiving scholarship assistance.

By signing below, I agree to the terms of the Little Forest School Childcare Scholarship Program and authorize LFS to review my application and supporting documentation confidentially.

Parent/Guardian Name (Printed): _____ Date: _____

Parent/Guardian Signature: _____