



Northfield Nursery School

1401 Maple Street
Northfield, MN 55057

SCHOLARSHIP INFORMATION

NOTE: Only complete this form if you are requesting a scholarship

Application Deadline is June 1st. Decisions are made mid-July; families will be notified immediately following.

RETURN THIS COMPLETED FORM TO:

Sybil Betsinger, LICSW
Northfield Community Action Center
1651 Jefferson Parkway, Suite HS-200
Northfield, MN 55057
Phone: 507-664-3562

SCHOLARSHIP CRITERIA

Criteria:	Points
1. Financial need at or below poverty (as of January 2015: \$24,250 for a family of four)	6
Up to 200% poverty (\$49,040 for a family of four)	4
Up to 250% poverty (\$60,250 for a family of four)	2
2. Single parent family	4
3. School year before Kindergarten	3
4. Child with special needs	3
5. Primary language at home is not English	3
6. Sibling of a child with special needs	1
7. No prior preschool experience	1

Please Note:

- Only *Partial* scholarships are available
- A point system of criteria is used to assist a social worker from the Community Action Center of Northfield in determination of the amount of scholarship awarded
- Highest priority for scholarship money will be awarded to those families with the highest financial need based on income up to 250% of poverty level
- One consideration is income; however, extenuating circumstances which may cause significant hardship for a family shall be taken into consideration (examples: major illness in the family, multiple children attending nursery school, etc).



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SCHOLARSHIP APPLICATION FORM

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

Child's Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Phone: (Home or Cell #1) _____ (Business or Cell #2) _____

Northfield Nursery School Class Registration: ___ T/TH AM ___ MWF AM ___ MWF PM

Scholarships are awarded on the basis of financial need, and additional information to be completed below. NNS does not discriminate on the basis of race, color, national or ethnic origin. All information given on this form is completely confidential.

Attended NNS previous year	_____	yes	_____	no
Prior Scholarship	_____	yes	_____	no
Year before Kindergarten	_____	yes	_____	no
Family Size:	_____			

Yearly gross income (last 12 months):	\$ _____	(include all sources)
Monthly gross income:	\$ _____	
Annual housing costs:	\$ _____	(include rent, mortgage, utilities)
Total monthly housing costs:	\$ _____	

Special needs and/or additional comments:

APPLICANTS MUST PROVIDE PROOF OF INCOME (Tax Returns or two months of pay stubs)