



Financial Aid Application

2nd – 4th Grade Program

Badger Precollege
21 N. Park Street, 7th Floor
Madison, WI 53715
info@precollege.wisc.edu

Instructions to the Student and Parent/Guardian:

This form is **only** for the “Growing Early Minds” program at Badger Precollege. These students are in 2nd through 4th grade and do not qualify for the Wisconsin DPI precollege scholarships. Everyone applying for financial assistance needs to fill out “Section 1” of the form.

- A. If your family is not eligible for Free or Reduced Lunch, you will need to provide an **additional cover letter** describing any family circumstances we need to take into account regarding financial hardship.
- B. If your family is eligible for Free or Reduced Lunch with the school, “Section 2” needs to be filled out and signed by a school official.

All financial aid materials are due to the Badger Precollege within two weeks of application and no later than March 24, 2025. They can be emailed or mailed to the address or number on this form. Any questions concerning the financial aid application process can be directed to Lauren.Oldenburger@wisc.edu

Section 1: Family Completes

Name Last		First		M.I.
Street Address		City	State	Zip
Date of Birth		Preferred Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other _____		

Check all that apply

- American Indian or Alaska Native
- Black or African-American
- Asian
- Native Hawaiian/Other Pacific Islander
- Hispanic or Latino
- White or Caucasian

Current Grade Level <input type="radio"/> 1 st Grade <input type="radio"/> 2 nd Grade <input type="radio"/> 3 rd Grade <input type="radio"/> 4 th Grade	School Attending and School District Name
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Check only ONE and follow directions

- I do NOT qualify for Free or Reduced Price School Meals, but would like to be considered for financial assistance.**
 Yearly income amount as listed on your most recent tax return: \$ _____
 Number of individuals in your household: _____
 Cover letter Attached: Yes No

- I do qualify for Free or Reduced Price School Meals (Have school complete Section 2.)**

I HEREBY AUTHORIZE that the information provided is true and accurate to the best of my knowledge.

I HEREBY AUTHORIZE release of my child’s verification of Free or Reduced Price School Meals eligibility.

Signature of Parent/Guardian X	Date Signed
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Section 2: School Completes

Instructions to the Principal, Food Service Authorized Representative, or Administrative Staff Member:

Please verify that this student is eligible for Free or Reduced Price School Meals and forward this application form using student contact information listed above.

Is this student eligible for Free or Reduced Price School Meals? Yes No

I have verified that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a need-based scholarship.

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature X		Date Signed