

APPLICATION PROCESSING

Applications are awarded on a 1st come 1st served basis and accepted throughout the year until funding is exhausted. Approved applications will be reimbursed starting the first full month after a complete application and all supplemental documents are received by our office. Approved and complete applications received by the fifteenth day of the month by 4:30 PM will be funded for that month. Drop off address provided below, and questions must be answered over the phone 641-422-2707.

If you are approved, we will mail you a contract to sign and return to our office. Your provider will not receive notice of your application status and cannot be paid until a signed contract is received by our office.

Incomplete applications may delay your funding start date. You will be notified of your application status by mail and may be contacted for additional materials. Depending on the empowerment office's processing time, funding will be back-dated to the first full month after we have received your application.

If you have any questions regarding your application or change providers throughout your contract, please contact us.



103 East State Street, Suite 301
Mason City, Iowa 50401

641-422-2707

Preschool Scholarships 2017-2018



Provided by:
Cerro Gordo, Hancock, and
Worth Early Childhood Area

EMPOWERING COMMUNITIES TO
ENSURE THE HEALTH AND SUCCESS
OF EVERY CHILD

Preschool Scholarships

(for children ages 3 through 5)

Preschool assistance is available for up to \$165 for 0% to 100% of poverty and \$145 for 100% to 200% of poverty per month per child attending preschool. A maximum of \$1,485/school year per child will be awarded. If your income falls between 100% to 200% of poverty a \$20.00 parent portion must be paid to the preschool. An invoice, which you must sign, is submitted each month from the preschool provider that your child attends and payment is made directly to that provider. You are responsible for any remaining amount due.

ELIGIBILITY

TO QUALIFY FOR PRESCHOOL ASSISTANCE YOU MUST:

- Use a licensed preschool provider
- Be a resident of Cerro Gordo, Hancock, or Worth County
- Have a child or children age 3 to under 6 years old
- The qualifying child is not eligible for kindergarten, head start, or there are no openings available
- Have a gross family income that falls under the income guidelines (See the "Income Guidelines" chart)
- Pay each month of your remaining preschool costs not covered by this scholarship
- Not be receiving preschool assistance from any *othersource*
- Be paying preschool cost separate from Childcare (Childcare including preschool is not eligible)

Note: If you receive free or reduced preschool reimbursement through your employer, this is considered other preschool assistance.

INCOME GUIDELINES:

To know if you meet financial requirements, and if you need to pay a parent portion, please look for the number of members in your family and the corresponding gross annual income (income before deductions or taxes) in the chart below.

Federal Income Guidelines 100% to 200%
\$20.00 parent portion paid to the preschool, remaining up to \$145 per month will be paid for the scholarship to the preschool.

Family Size	Gross Annual Income
2	\$16,241 to \$32,480
3	\$20,421 to \$40,840
4	\$24,601 to \$49,200
5	\$28,781 to \$57,560
6	\$32,961 to \$65,920
7	\$37,141 to \$74,280
8	\$41,321 to \$82,640

Your family's total gross income must be the same or less than the highest amount allowed.

Federal Income Guidelines 0% to 100%
No Parent Portion Payment, up to \$165 per month will be paid for the scholarship to the preschool.

Family Size	Gross Annual Income
2	\$0 to \$16,240
3	\$0 to \$20,420
4	\$0 to \$24,600
5	\$0 to \$28,780
6	\$0 to \$32,960
7	\$0 to \$37,140
8	\$0 to \$41,320

Your family's total gross income must fall in the guidelines above to be eligible for the scholarship with no parent portion to be paid.

PRESCHOOL SCHOLARSHIP APPLICATION (September 1, 2017 – June 1, 2018)

Please Circle Your Response and Fill in the Blanks

Who is/will be your preschool provider?

Children in Need of Preschool, Ages 3-5

NAME OF CHILD First-Middle Initial-Last Name (Only those 3-5)	RELATIONSHIP (Example: Parent, guardian, son, or daughter)	Foster Child (Yes/No)	DATE OF BIRTH	Age of Child at Start of School Year (Years)	Child Has Health Insurance (Yes/No)	RACE: (White, Black/African American, Asian, American Indian/Native Alaskan, Native Hawaiian/Other Pacific Islander, More than One Race, Other)	HISPANIC OR LATINO (Yes/No)

Cost per month: \$ _____

of days your child will attend preschool per week: _____

of months you are requesting funding for (starting the first full month after we receive your application, & cannot extend beyond May 31, 2018 or the month the child turns 6) _____

Parent/Guardian/s in Household:

Name: Last: _____ First: _____ Middle Initial: _____ Address: _____

Name: Last: _____ First: _____ Middle Initial: _____ City: _____ Zip: _____

State: _____ County of Residence: _____ Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ # of people in your household? _____

Income Verification: Submit a copy only the last 2 pay stubs, or last year's tax statement, or employer's statement of income on letterhead, or self-employment records, or child support verification, for each source of income.

Name of Person with Income	Source of Income (Employer Name, Child support, etc)	How often Received? (weekly, bi-weekly, monthly)	Amount Received Per Year

School District your residence is in: _____

Survey Questions

(Must be completed to process application)
(Please check the one that applies to the head of household)

Marital Status:

- Married
- Single
- Widowed
- Partnered
- Divorced
- Separated

Education Level:

- Middle School or Lower
- Some High School
- High School Diploma
- GED
- Trade or Vocational Training
- 2-Year College Degree
- 4-Year College Degree
- Master's Degree or Higher

Race:

- Native American or Alaskan Native
- Native Hawaiian or Pacific Islander
- African American
- Asian
- White
- Multiracial

Release of Information

I, _____, at _____, hereby release any-and-all necessary, requested information to the Cerro Gordo, Hancock, & Worth Early Childhood Area and/or its agent or designee, from the following agencies and organizations including: Iowa Department of Human Services, Iowa Workforce Development, any training or educational program in which the applicant is involved, and any childcare or preschool program in which the applicant is currently enrolled. The Empowerment Area also has my express authorization to share any necessary information with the above agencies. I understand that this information may be requested throughout the current year and this release shall expire one year from the date of my signature hereto.

(Signature)

(Date)

Office Use Only:

__Accepted Date: __/__/__

__Denied Date: __/__/__

__Need More Information Date: __/__/__



Mail Application To:

Early Childhood Iowa Area
103 East State Street, Suite 301
Mason City, Iowa 50401

Be sure to include all forms for income verification