

## 2019-2020 PRESCHOOL TUITION ASSISTANCE APPLICATION

### **Early Childhood Iowa: Lakes Region**

Applications will be accepted until budgeted funds are expended or March 15, 2020. Funds will be awarded on a first come, first served basis. **Please provide ALL information requested to avoid delay in processing the application.**

**Applications will be processed after July 1, 2019 pending state funding and local contract awards.**

#### **CHILD AND FAMILY INFORMATION (Please print)**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Child's Age as of 9/15/19: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: Male: \_\_\_ Female: \_\_\_

Phone Number: \_\_\_\_\_

City and Zipcode: \_\_\_\_\_

County: \_\_\_\_\_

Email address \_\_\_\_\_

#### **PRESCHOOL INFORMATION: Which preschool do you plan to use? (Please print)**

Name: \_\_\_\_\_

City/County: \_\_\_\_\_

Days per week \_\_\_\_\_ Hours per day \_\_\_\_\_

Cost per month \_\_\_\_\_

Transportation assistance may be available. Do you need this? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **REQUIRED INCOME INFORMATION**

To be eligible for preschool tuition assistance, your gross annual income must be 200% or less of the federal poverty level (see 2019 chart below). **1) Please attach pages 1 and 2 from last year's Federal Income Tax statement (W2 Form) OR pay stubs for last 12 months, PLUS documentation from any other household income: Child Support, FIP etc. from the last three months.**

**Number of people in household: \_\_\_\_\_ Gross annual or monthly income (before taxes): \_\_\_\_\_**

Family Size	Maximum per year (gross income)	Family Size	Maximum per year (gross income)
2	\$33,820	6	\$69,180
3	\$42,660	7	\$78,020
4	\$51,500	8	\$86,860
5	\$60,340	For each additional person add	\$8,840

#### **OTHER REQUIRED INFORMATION: Please place a X next to box that applies to you.**

**ECI Lakes Region is required to collect the following information. This will be kept confidential.**

**\*Marital status of head of household:** \_\_\_ Married \_\_\_ Partnered \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated

**\*Education level of head of household:** \_\_\_ middle school or lower \_\_\_ some high school \_\_\_ high school diploma \_\_\_  
\_\_\_ GED \_\_\_ trade or vocational training \_\_\_ two year college degree \_\_\_ four year college degree \_\_\_ Master's Degree or +

**\*Race head of household:** \_\_\_ Native American or Alaskan Native \_\_\_ Native Hawaiian or Pacific Islander \_\_\_  
\_\_\_ African American \_\_\_ Asian \_\_\_ White

**\*Child is Hispanic/Latino:** \_\_\_ Yes \_\_\_ No

#### **SIGNATURE AND RELEASE OF INFORMATION:**

**(Children 130% or below poverty level must utilize Head Start if possible. I give permission for Head Start and ECI Lakes Region to share this application for my child \_\_\_\_\_ in the event my child is better qualified for one program or the other or is placed on a waiting list by Head Start. This partnership will allow all children an opportunity to attend a preschool for the 2019-2020 school year.)**

If awarded preschool tuition assistance, I understand that it is my responsibility to enroll my child in preschool and pay any registration fees. I will ensure that my child attends preschool on a regular basis and understand that if attendance is not regular; my child's scholarship award will be reevaluated with the possibility of losing this preschool opportunity.

Tuition assistance will pay up to \$125 per month per child. I understand that I may be responsible to pay a portion of the preschool tuition if the full cost is beyond this amount.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAILING INSTRUCTIONS:** Please mail the completed ECI Lakes Region tuition assistance application along with income verification to: Paulette Karolczak Early Childhood Iowa Lakes Region, PO Box 146, Sheldon IA 51201 OR you may email the information to **pmkarolczak @ gmail.com** For further questions or concerns you may also contact me at 712-363-3363.