

Corner Counties Early Childhood Area
Preschool Tuition Assistance Application
School Year 2018-2019

Corner Counties Early Childhood Area offers Preschool Tuition Grants for children 3 or 4 years of age by September 15, 2018 and meet the following guidelines and as long as funds are available:

1. The family must reside in one of the following school districts: **Clarinda, Essex, Hamburg, Shenandoah, Sidney, and South Page**
2. If the household income is below 100% of the Federal Poverty Guidelines, and the child is eligible for Head Start, the child will not qualify for tuition assistance unless they have been denied by the Head Start program or placed on the Head Start waiting list. In either case, proof of documentation shall be provided to the Director of the preschool before consideration of a tuition grant.
3. The child shall be enrolled in a preschool that has a Quality Rating of a Level 3, 4 or 5.
4. The family shall submit a completed application to the preschool. All incomplete applications will be returned to the family without being processed, including lack of income verification.
5. The gross household income must be at or below 200% of the Federal Poverty Guidelines. This includes all forms of income including child support, unemployment, FIP; etc.
6. Parent(s)/guardian(s) agree that the child will attend preschool on a regular basis and the parent will complete a developmental screening tool in April 2018.
7. If the child has an attendance rate below 75% for two consecutive months the tuition grant will be terminated for the remainder of the school year. In the event of a health condition or illness that has the potential to impact the child's attendance rate please make the preschool director aware of this at the beginning of the school year in writing.

Applications for tuition assistance will be accepted from August 1, 2018 through September 1, 2018, but funding will be awarded on a first come, first serve basis for all eligible children beginning August 1, 2018. The board will allow for a monthly payment of up to \$75.00 per student per month. There will be no scholarships funded at 100% of the tuition fee if above this amount.

INCOME VERIFICATION: In order to verify your current income, please **complete, sign and date the Income Declaration document and you must provide copies of paystubs to verify your gross income for the last two months.** If you do not have your paystubs a signed statement from your employer on your employer's letterhead that list your payday and the gross amount of each check you were issued for the last two months will provide verification. (Information will be regarded as confidential and will not be shared with any other individuals or entities other than the Corner Counties Early Childhood Director for the purpose of verification).

If you are receiving unemployment benefits then you will need to ask the Iowa Workforce Development representative in your area to provide you with a printout of your benefits for the last two months.

If you are receiving FIP, please provide a copy of your current Notice of Decision document or ask your Income Maintenance Worker with the Department of Human Services for a printout of your benefits for the last two months.

Corner Counties Early Childhood Area

Preschool Tuition Scholarship Eligibility Income Declaration

**This form must be completed by all families applying for a tuition scholarship.*

_____ Date child was enrolled in preschool.

Please complete all income categories below that apply to your family:

Annual Income amount (self): _____

Annual Income amount (spouse/significant other): _____

Monthly Child Support: _____

Monthly Unemployment benefits: _____

Monthly FIP (Family Investment Program): _____

Our family has no income: _____

I, _____ certify that the income information

I have provided on this document is accurate and true. I have attached all applicable income verification. I understand that if my family's income situation changes at any time, I must report it to the Director of the Preschool immediately.

Signature: _____

Relationship to Child: _____

Date: _____



PLEASE PRINT

Child's Name First Last	Child's Date of Birth
Is your child covered by (circle one): Title XIX Hawk-I Private Health Insurance No Health Insurance	Child's Race (check one) <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian <input type="checkbox"/> Other
Mother's Name First Last	Child's Gender (circle one) Male Female
Father's Name First Last	Home Phone with Area Code
911 Address of Child's Residence (post office box not acceptable)	Work Phone with Area Code
Mailing Address (if different than above)	Cell Phone with Area Code
City State Zip Code	# of years my child has been enrolled in a preschool program (include this year)
Name of the Preschool your child plans to attend?	Type of Program (Check One) <input type="checkbox"/> 3 year old program <input type="checkbox"/> 4 year old program <input type="checkbox"/> 5 year old program (Year to Grow)
What form of transportation do you anticipate your child using to get to preschool? (circle one) Personal Vehicle School Bus Public Transportation Walk	
How many people in your household are you responsible for supporting (including yourself)?	

I understand that any amount of Tuition Assistance received will go directly to the preschool my child is attending. I understand that I will be required to pay a portion of my child's tuition each month in addition to the tuition grant received. In April 2018 I will be provided a developmental screening tool and will complete it in a timely manner and return it to the Preschool.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY	
# of individuals in household: _____	Total household income: _____
Income ↓130% ↓150% ↓185% ↓200%	Income verified: Yes No Form of verification: _____
Approved: _____	Denied: _____
Monthly Tuition Amount: _____	Monthly Parental Co-pay: _____ Monthly Tuition billable to CCECA: _____
Preschool Director's Signature: _____	Date: _____
Date reviewed by CCECA Director: _____	

Return completed application with proof of household income to your child's Preschool no later than September 15, 2017.