

## APPLICATION PROCESSING

Applications are awarded on a first come first 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. Completed applications can be mailed or dropped off at the address provided below.

If approved, a contract will be mailed and is required to be signed and returned to our office to activate the scholarship. 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 NI Children's Alliance office's processing time, funding will be backdated to the first full month after we have received your application.

Please contact us if you have any questions regarding your application or change providers throughout your contract.

North Iowa  
Children's Alliance



CG Public Health  
2570 4<sup>th</sup> St. S.W., Suite #1  
Mason City, Iowa 50401  
641-422-2707

[director@nichildrensalliance.com](mailto:director@nichildrensalliance.com)

[www.nichildrensalliance.com](http://www.nichildrensalliance.com)

# Preschool Scholarships 2020-2021



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

“Working together so Every  
Child is Happy, Healthy and  
Ready to Learn”

## Preschool Scholarships

(for children ages 3-5 years old)

Preschool assistance is available for up to \$165 for 0%-100% of poverty and \$145 for 100%-200% of poverty per month per child attending preschool. A maximum of \$1,485/school year per child can be awarded. Parents with a household income between 100%-200% poverty are responsible for \$20 of the monthly tuition each month. An invoice, which you must sign, is submitted each month from the preschool provider and payment is made directly to that provider. Parents or caregivers 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 *other* source
- **Be paying preschool cost separate from Childcare (Childcare including preschool is not eligible)**

*Note: Receiving free or reduced preschool reimbursement through your employer 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%

Parents are responsible for paying \$20 each month. Up to \$145 per month of the remaining tuition will be paid for the preschool scholarship.

Family Size	Gross Annual Income
2	\$17,241 to \$34,480
3	\$21,721 to \$43,440
4	\$26,201 to \$52,400
5	\$30,681 to \$61,360
6	\$35,161 to \$70,320
7	\$39,641 to \$79,280
8	\$44,121 to \$88,240

Your family's total gross income must be the same or less than the highest amount allowed for the \$145 scholarship.

#### Federal Income Guidelines 0% to 100%

Up to \$165 per month will be paid for the preschool scholarship.

Family Size	Gross Annual Income
2	\$0 to \$17,240
3	\$0 to \$21,720
4	\$0 to \$26,200
5	\$0 to \$30,680
6	\$0 to \$35,160
7	\$0 to \$39,640
8	\$0 to \$44,120

Your family's total gross income must fall in the guidelines above to be eligible for the \$165 scholarship.

**PRESCHOOL SCHOLARSHIP APPLICATION (September 1, 2020 – June 1, 2021)**

**Children in Need of Preschool, Ages 3-5**

NAME OF CHILD First-Middle Initial-Last Name <i>(Only those 3-5)</i>	RELATIONSHIP <i>(Example: Parent, Guardian, Grandparent)</i>	CHILD'S GENDER	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)

Parent/Guardian/s in Household:  
 Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 State: \_\_\_\_\_ County of Residence: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Income Verification:** Submit a copy of your most recent 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.

**# of people in your household?** \_\_\_\_\_

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

**Release of Information**

I, \_\_\_\_\_, 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 North Iowa Children's Alliance 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)

Please Circle Your Response and Fill in the Blanks

Who is/will be your preschool provider?  
 \_\_\_\_\_

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, 2021 or the month the child turns 6) \_\_\_\_\_

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)

<p><b>Marital Status:</b></p> <p>Married <input type="checkbox"/></p> <p>Single <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/></p> <p>Partnered <input type="checkbox"/></p> <p>Divorced <input type="checkbox"/></p> <p>Separated <input type="checkbox"/></p>	<p><b>Education Level:</b></p> <p>Middle School or Lower <input type="checkbox"/></p> <p>Some High School <input type="checkbox"/></p> <p>High School Diploma <input type="checkbox"/></p> <p>GED <input type="checkbox"/></p> <p>Trade or Vocational Training <input type="checkbox"/></p> <p>2-Year College Degree <input type="checkbox"/></p> <p>4-Year College Degree <input type="checkbox"/></p> <p>Master's Degree or Higher <input type="checkbox"/></p>	<p><b>Race:</b></p> <p>Native American or Alaskan Native <input type="checkbox"/></p> <p>Native Hawaiian or Pacific Islander <input type="checkbox"/></p> <p>African American <input type="checkbox"/></p> <p>Asian <input type="checkbox"/></p> <p>White <input type="checkbox"/></p> <p>Multiracial <input type="checkbox"/></p>
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**Mail Application To:**

North Iowa Children's Alliance  
 CG Public Health  
 2570 4th St. SW, Ste #1  
 Mason City, Iowa 50401

Be sure to include all forms for income

**Office Use Only:**

\_\_ Accepted Date: \_\_/\_\_/\_\_

\_\_ Denied Date: \_\_/\_\_/\_\_

\_\_ Need More Information Date: \_\_/\_\_/\_\_