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.

Incomplete applications and unsigned contracts can be terminated if 2 months' time has passed since additional information was requested or the contract was sent.

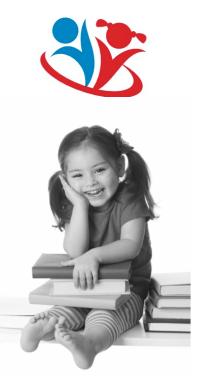
Please contact us if you have any questions regarding your application or change providers throughout your contract.



Jaci Miller, Director PO Box 2 Fertile, IA 50434 nichildrensalliance@gmail.com

www.nichildrensalliance.com

Preschool Scholarships 2021-2022



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 <u>licensed</u> 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 wil be paid for the preschool scholarship.

Family Size	Gross Annual Income
2	\$17,421 to \$34,840
3	\$21,961 to \$43,920
4	\$26,501 to \$53,000
5	\$31,041 to \$62,080
6	\$35,581 to \$71,160
7	\$40,121 to \$80,240
8	\$44,661 to \$89,320

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 preschoc scholarship.

Family Size	Gross Annual Income	
2	\$0 to \$17,420	
3	\$0 to \$21,960	
4	\$0 to \$26,500	
5	\$0 to \$31,040	
6	\$0 to \$35,580	
7	\$0 to \$40,120	
8	\$0 to \$44,660	

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

PRESCHOOL SCHOLARSHIP APPLICATION (September 1, 2021 – June 1, 2022)

Children in Need of Preschool, Ages 3-5

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

Parent/Guardian/s in Household:

Name: Last:	_First:	_Middle Initial:	-	
Address:				
Name: Last:	_ First:	_ Middle Initial:	_ City:	_Zip:

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

Survey Questions

(Must be completed to process application)

(Please check the one that applies to the head of household)

Marital Status:	Education Level:	Race:
Married	Middle School or Lower	Native American or
Single	Some High School	Alaskan Native
Widowed	High School Diploma	Native Hawaiian or
Partnered	GED 🗆	Pacific Islander
	Trade or Vocational Training \Box	African American
Separated	2-Year College Degree	Asian
	° °	White
	4-Year College Degree	Multiracial
	Master's Degree or Higher	



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.



Mail Application To:

North Iowa Children's Alliance PO Box 2 Fertile, IA 50434

Be sure to include all forms for income verification

(Signature)

(Date)

Please Circle Your Response and Fill in 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 full month after we receive your application, & cannot e: beyond May 31, 2021 or the month the child turns 6)

School District your residence is in: