

Applicant Name(s) _____

North Iowa Children's Alliance
PRESCHOOL SCHOLARSHIP APPLICATION – FY'26

Preschool Information

Name: _____
Director Name: _____
Address (Street, ST ZIP): _____
Website: _____
Email: _____

Preschool Program Type

- 3 Year Old Preschool
- 4 Year Old Preschool - No SWVPP
- 4 Year Old Preschool - Extended Day (SWVPP pays for other portion)
- 5 Year Old Preschool - Child with developmental delays, not yet ready for Kindergarten

Child Care Assistance Information

- Child Care Assistance is available at this center: ____ YES ____ NO
- If yes, has the family applied for Child Care Assistance? ____ YES ____ NO
- Child Care Assistance was awarded for FY'25-26 School Year? ____ YES ____ NO
- *If a child was DENIED Child Care Assistance, the student may be eligible for NICA Preschool Tuition Scholarship, but must provide proof of DENIAL letter from HHS for scholarship approval.*
- Child Care Assistance Award is an **automatic denial** for an NICA Preschool Tuition Scholarship.

Preschool Schedule:

Applicant will be in this preschool from _____ to _____ on M T W TH F .

Preschool Tuition Award Determination

Annual combined household income from all sources	\$	
Scholarship Award Level (%):	%	
Date Income Verified by Program Director:	____/____/____ Initial:	
Total Preschool Tuition Fee for this applicant is: \$ 		
Example: Tuition Scholarship (Source of funds)	\$100	PM Preschool 1-3pm.
NICA Tuition Scholarship (based on % award from sliding fee scale, max \$175.00)		
Caregiver or Parent Payment Amount		
SWVPP		
Community Grants		
Other (List)		
Other (List)		

Applicant Name(s)

<i>Other (List)</i>		
---------------------	--	--

Applicant Name(s)_____

Family Information

Parent or Caregiver name(s):_____

Address (Street, ST Zip):_____

Phone number:_____

Total number of persons living in the household:_____

Preschool Age-Eligible Child(ren) Name(s) and Date of Birth (DOB):

- Name:_____ DOB:_____
- Name:_____ DOB:_____
- Name:_____ DOB:_____

Determination of Need: Percentage of Poverty—Annual Combined Household Income

Instructions: Please circle the amount below that most closely represents your annual combined household income so that we can determine whether you are eligible for a preschool scholarship or other assistance (based on an assessment of need).

Sliding Fee Scale

# Persons in the family or household	100% of Poverty	125% of Poverty	126-185% of Poverty	186-200% of Poverty	201-300% of Poverty
2	\$21,150	\$ 26,438	\$ 39,128	\$42,300	\$ 63,450
3	\$26,650	\$ 33,313	\$ 49,303	\$53,300	\$ 79,950
4	\$32,150	\$ 40,188	\$ 59,478	\$64,300	\$ 96,450
5	\$37,650	\$ 47,063	\$ 69,653	\$75,300	\$ 112,950
6	\$43,150	\$ 53,938	\$ 79,828	\$86,300	\$ 129,450
7	\$48,650	\$ 60,813	\$ 90,003	\$97,300	\$ 145,950
8	\$54,150	\$ 67,688	\$ 100,178	\$108,300	\$ 162,450
9	\$59,650	\$ 74,563	\$ 110,353	\$119,300	\$ 178,950
10	\$65,150	\$ 81,438	\$ 120,528	\$130,300	\$ 195,450
11	\$70,650	\$ 88,313	\$ 130,703	\$141,300	\$ 211,950
12	\$76,150	\$ 95,188	\$ 140,878	\$152,300	\$ 228,450
Level	90%		80%	70%	60%

SOURCE: Federal Register, 1/15/2025

Proof of Income: the program and head of household have determined eligibility based on the submission of the following forms: (check **all** sources for a full year of income and retain copies)

- ☐ W-2 forms
- ☐ Pay stubs
- ☐ Tax forms (first page of current tax return)
- ☐ Other income sources include documents such as child support, unemployment documents, WIC Card, participation in free/reduced lunch programs, FIP, public assistance, or Medicaid.
- ☐ Employer wage declaration or written statement from the employer
- ☐ Self-declaration of no income
- ☐ Third-party verification (ex., letter from an employer)
- ☐ Child Care Assistance **denial letter (required if center accepts CCA)**

Foster Children * Considered a family of 1 with no income and is eligible for a 100% tuition scholarship.

Provide one source of proof:

- ☐ A court order or government-issued document demonstrating the child is in foster care
- ☐ Written statement from a government child welfare official demonstrating the child is in foster care
- ☐ Proof of foster care payment

Applicant Name(s)_____

Family Demographic Information

Marital Status Of Primary Caregiver/Head of Household:

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

Household Size:

- 2
- 3
- 4
- 5
- 6
- 7+

Federal Poverty Level: (from above)

- 125% or lower
- 126 – 185%
- 186 – 200%
- 201% or higher

Education Level Of Primary Caregiver/Head of Household:

- Middle School or Lower
- Some High School
- GED or High School Diploma
- Trade or Vocational training
- Some College
- 2-Year Degree (Associates)
- 4-Year Degree (Bachelor's)
- Master's Degree or higher

Race Of Child:

- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Black or African American
- Asian
- White/Caucasian

Child Is Identified By Caregiver As Latino: ☐ YES ☐ NO

Required forms are completed: ☐ ASQ3 ☐ ASQ-SE

Are there any other additional resources or services your child or your family could benefit from? Ex.: paying living expenses such as heat, utilities, water, food assistance, building family relationships, child development, transportation to/from preschool, finding or paying for child care.

Caregiver Authorization:

Applicant Name(s)_____

I give permission for the preschool director or staff to communicate with partnering organizations on my behalf if our family qualifies for additional assistance programs. This may include the exchange of relevant information between the preschool, NICA-funded programs, and other appropriate resources, as necessary.

Regular preschool attendance is expected at a rate of 90% or higher. Failure to meet this expectation due to unexcused or ongoing absences may result in the loss of your preschool tuition scholarship. The preschool director reserves the right to terminate a scholarship at any time, including for reasons such as low attendance or failure to pay the caregiver's portion of tuition.

I understand that providing voluntary information about household income and family size, along with a valid form of income verification, is required to apply for or maintain a preschool tuition scholarship. Failure to provide accurate documentation may lead to denial of the application or cancellation of current services.

(Parent Signature)

(Date)

(Preschool Director Signature)

(Date)

Sponsored by:

North Iowa Children's Alliance Board

nichildrensalliance@gmail.com