



Serving families in Adair, Dallas, Madison and Warren County
2021-2022

Preschool Tuition Assistance Application

Funds will be awarded on a first-come first-served basis

Applications will be processed after July 1, 2021 pending state funding and local contract award

Child's Name: _____ Child's Date of Birth: ____/____/____

Child's Gender: Male Female Class: 3 yr. old 4 yr. old 5 yr. old Are you Hispanic/Latino?

Child's Race: (Please check all that apply) African American Native American or Alaskan Native

Asian Native Hawaiian/Pacific Islander Multiracial White

Physical Address: _____ City: _____ Zip Code: _____

Head of Household: _____ Parent Foster Parent Guardian

Head of Household Marital Status

Single Married Separated Divorced Widowed Partnered

Head of Household Ethnicity: (Please check all that apply)

Are you Hispanic/Latino?

Head of Household Race: African American Native American or Alaskan Native

Asian Native Hawaiian/Pacific Islander Multiracial White

Head of Household Educational Level (Please check highest level) Middle school or lower Some High School High School

Diploma/ HiSET Some college Trade/Vocational Training 2-year college degree 4- Year College Degree

Master's Degree or higher

Second Parent Educational Level (Please check highest level) Middle school or lower Some High School

High School Diploma HiSET Trade/Vocational Training 2-year college degree 4-year college degree

Master's Degree or higher

Mailing Address (if different than above) _____ City _____ Zip Code _____

County: Adair Dallas Madison Warren

Method of Communication Email (please print): _____

Has your child attended preschool in the past? Yes No If yes, which Preschool? _____

Home Phone: _____ Cell Phone: _____ Are you expecting? Due Date _____ Speak English

2020 adjusted gross income (line 8b on 1040) \$ _____

Number in household: Adults: _____ Dependent Children: _____ Ages: _____ Total household size: _____

CONSENT TO RELEASE INFORMATION

To verify your eligibility for the tuition assistance program we ask that you authorize the preschool tuition scholarship

I, _____, authorize the preschool tuition scholarship committee to contact organizations to verify that we qualified for any assistance programs. There may be an exchange of information between the 4Rkids Early Childhood Iowa Board and its funded programs, the applicable preschool, and the referral source to accommodate the processing of this application for your family. This may contain copies of IEP, social and family history; school records and educational assessments.

Signature _____ Date _____

2/4/21 For Office Use Only: Date Received _____

Guidelines:

The scholarships are for families living in *Adair, Dallas, Madison, and Warren* County who are *not* eligible for tuition scholarships through other programs. Early Childhood Iowa scholarships are not to replace other funding. Applications will be accepted until budgeted funds are expended.

- Preschools must meet the guidelines set by the 4Rkid’s Early Childhood Iowa Board in order to receive funds.
- Parents are expected to pay a portion of the child’s tuition based on a *sliding fee scale*. Tuition scholarships are confidential between the preschool enrichment coordinator, the family, and the preschool. Parents are responsible for co-payment directly to the program. If the co-payment is not paid, the non-payment preschool policy will be enforced.
- The scholarship application must be received by ISU Extension and Outreach – Dallas County *by the 15th of the month* for tuition to be considered for that month of service.
- The family and the preschool will be notified of the outcome of the application.
- Children in foster care are automatically eligible for tuition assistance at 90%. An application must be submitted; however, no income verification is required.
- *Scholarships do not pay for wrap-around childcare, meals or transportation.*

Sliding Fee Scale - Income Eligibility Guidelines:*

* Guidelines are based on the 2021 Poverty Guidelines

Family Size	90% Tuition Scholarship		80% Tuition Scholarship		70% tuition Scholarship		60% Tuition Scholarship	
2	\$23,169	- \$26,130	\$26,131	- \$30,485	\$30,486	- \$34,840	\$34,841	- \$39,195
3	\$29,207	- \$32,940	\$32,941	- \$38,430	\$38,431	- \$43,920	\$43,921	- \$49,410
4	\$35,245	- \$39,750	\$39,751	- \$46,735	\$46,736	- \$53,000	\$53,001	- \$59,625
5	\$41,283	- \$46,560	\$46,561	- \$54,320	\$54,321	- \$62,080	\$62,081	- \$69,840
6	\$47,321	- \$53,370	\$53,371	- \$62,265	\$62,266	- \$71,160	\$71,161	- \$80,055
7	\$53,360	- \$60,180	\$60,181	- \$70,210	\$70,211	- \$80,240	\$80,241	- \$90,270
8	\$59,398	- \$66,990	\$66,991	- \$78,155	\$78,156	- \$89,320	\$89,321	- \$100,485

Programs in which your family participates (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> WIC |
| <input type="checkbox"/> FIP | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Maternal Child Health Program | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Parents as Teachers | <input type="checkbox"/> New Parent Program (LSI) |

Other: Please specify _____

Which describes your child’s health coverage (check one)?

- Private Hawk-I Medicaid Amerigroup Medicaid Iowa Total Care No Insurance

A copy of Page 1 of your 2020 Federal Income Tax form must be provided to verify this income figure. If income is not reflective of your current financial situation, a second priority of income verification can be submitted (examples: copies of prior month's unemployment benefits, FIP Notice of Decision benefit, and/or most recent month's paystubs).

Additional Considerations:

Does your 2020 tax return provide an accurate picture of your current financial situation? Yes No
If no, please explain special circumstances that make it difficult to pay tuition: _____

This information will be shared with 4Rkids Board who will make the final decision on eligibility.

Which preschool does your child attend or plan to attend if not currently enrolled?

First Choice:

Preschool name: _____ Phone: _____

Address: _____

Classroom enrolled (circle) 3 year 4 year 5 year

Monthly Tuition: \$ _____ **Days and hours attending:** _____

I have contacted this preschool and they have an opening for my child. Yes No

Second Choice:

Preschool name: _____ Phone: _____

Address: _____

Classroom enrolled (circle) 3 year 4 year 5 year

Monthly Tuition: \$ _____ **Days and hours attending:** _____

I understand that any amount of tuition scholarship monies received will go directly to the preschool my child is attending. The director will be responsible to submit a monthly statement and will track my child's attendance to remain eligible for tuition assistance. It is expected that my child's preschool attendance will be 90%. If attendance does not meet 90% and absences are unexcused (examples of excused absences: child illness, family crisis), the preschool program director will talk with me. On-going attendance problems may result in the loss of my preschool tuition scholarship. If the co-payment is not paid, the nonpayment preschool policy will be enforced.

Parent Signature _____ **Date** _____

Send completed application and a copy of your 2020 Federal Income Tax Return (page 1 only) to:

Preschool Enrichment
ISU Extension and Outreach – Dallas County
28059 Fairground Road, Adel IA 50003
<https://www.extension.iastate.edu/dallas/>
Office: 515-993-4281 Fax: 515-993-1027 Email: valc@iastate.edu

... and justice for all

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410, or call 800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer. Cooperative Extension Service, Iowa State University of Science and Technology, and the United States Department of Agriculture cooperating.