



## Preschool Tuition Assistance Application School Year 2019-2020

Boost4Families offers Preschool Tuition Grants for children 3 years of age that meet the following guidelines:

1. The family must reside in one of the following school districts: **Cumberland-Anita-Massena, Atlantic, East Mills, Fremont-Mills, Glenwood, Griswold, Red Oak, Stanton, or Villisca. Scholarships will be determined upon approval of the SFY20 budget in May 2019. If child resides outside of these school districts, but wants to attend a school in these districts, please contact the Director for approval.**
2. **These grants are to be utilized for three year olds only, unless you do not receive Universal Preschool Funding from the State of Iowa.**
3. 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.
4. 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, tax return etc. Foster care children automatically qualify.
5. Each school district will receive a **limited** number of scholarships each year. Boost4Families will reimburse your preschool up to \$75 per month, per qualifying child. Each preschool reserves the right to charge parents any additional fees not covered through the scholarship as long as it does not supplant State or Federal funding received by the school district. Each preschool also determines the policy by which the scholarships are awarded to families.
6. ***Completion of this scholarship application does not guarantee admission to preschool.*** You are required to fulfill all the enrollment requirements determined by the preschool of your choice.
7. Parent(s)/guardian(s) agree that the child will attend preschool on a regular basis and the parent may complete a developmental screening survey in April 2020.
8. If the child has an attendance rate below 75% for three consecutive months the tuition grant may be terminated for the remainder of the school year. In the event of a health condition or illness that may impact your child's attendance rate, please make the preschool director aware of this at the beginning of the school year in writing.

**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 (Tax returns, or any other income documentation may be used, just call Director to verify).** If you do not have your paystubs, a signed statement from your employer on your employer's letterhead that list your paydays 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 Boost4Families Director for the purpose of verification. All records will remain secure and confidential at your child's preschool).

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.

Foster children qualify because it is only their income, not the foster parent's income that qualifies.

If there is not job, what other income does the family receive? (Disability, child support, help from family, etc.)



## Preschool Tuition Scholarship Eligibility Income Declaration

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

\_\_\_\_\_ Date child is 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

<b>Child's Name</b> <b>First</b> <b>Last</b>	<b>Child's Date of Birth</b>
<b>Is your child covered by (circle one):</b> Title XIX    Hawk-I    Private Health Insurance    No Health Insurance  <b>Parents marital status:</b> Married   Single   Widowed   Partner   Divorced   Separated  <b>Head of Household education level:</b> Didn't graduate   High School/GED   2 year degree   4 year degree or higher	<b>Head of Household Race (check one)</b> <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
<b>Mother's Name</b> <b>First</b> <b>Last</b>	<b>Child's Gender</b> (circle one) Male              Female
<b>Father's Name</b> <b>First</b> <b>Last</b>	<b>Home Phone with Area Code</b>
<b>911 Address of Child's Residence (post office box not acceptable)</b>	<b>Work Phone with Area Code</b>
<b>Mailing Address (if different than above)</b>	<b>Cell Phone with Area Code</b>
<b>City</b> <b>State</b> <b>Zip Code</b>	<b># of years my child has been enrolled in a preschool program (include this year)</b>
<b>Name of the Preschool your child plans to attend?</b>	<b>Type of Program (Check One)</b>  <input type="checkbox"/> 3 year old program <input type="checkbox"/> 4 year old program <input type="checkbox"/> 5 year old program (Year to Grow)
<b>What form of transportation do you anticipate your child using to get to preschool? (circle one)</b> Personal Vehicle    School Bus    Public Transportation    Walk	
<b>How many people in your household are you responsible for supporting (including yourself)?</b>	

I understand that any amount of Tuition Assistance received will go directly to the preschool my child is attending. I understand that I may 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 survey and will complete it in a timely manner and return it to the Preschool.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
# of individuals in household: _____	Total household income: _____
Income    ↓100%    ↓101-150%    ↓151-200%    ↓201-299%    300% or higher	Income verified: Yes   No
Form of verification: _____	
Approved: _____	Denied: _____
Monthly Tuition Amount: _____	Monthly Parental Co-pay: _____    Monthly Tuition billable to B4F: _____
Preschool Director's Signature: _____	Date: _____
Date reviewed by B4F Director: _____	

Return completed application with proof of household income to your child's Preschool no later than September 27, 2019. Additional applications may be accepted after contacting the Boost4Families Director.