

**Serving families in Adair, Dallas, Madison and Warren County**

**2022-2023**

**Preschool Tuition Assistance Application**

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

**Applications will be processed after July 1, 2022, 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

x

Ethnicity of Child: Hispanic /Latino Not 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 P Foster Parent Guardian

Marital Status Head of Household

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

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

**2021 adjusted gross income (line 11 on 1040) $** \_\_\_\_\_\_\_\_\_\_\_\_\_

Number in household: Adults: \_\_\_\_\_ Dependent Children: \_\_\_\_ Ages of Children: \_\_\_\_\_\_\_\_\_ 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 2022 Poverty Guidelines**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Size** | **90% Tuition Scholarship** | | | **80% Tuition Scholarship** | | | **70% Tuition Scholarship** | | | **60% Tuition Scholarship** | | |
| **2** | **$23,803** | **-** | **$27,465** | **$27,466** | **-** | **$30,485** | **$30,486** | **-** | **$36,620** | **$36,621** | **-** | **$41,198** |
| **3** | **$29,939** | **-** | **$34,545** | **$34,546** | **-** | **$38,430** | **$38,431** | **-** | **$46,060** | **$46,061** | **-** | **$51,818** |
| **4** | **$36,075** | **-** | **$41,625** | **$41,626** | **-** | **$46,735** | **$46,736** | **-** | **$55,500** | **$55,501** | **-** | **$62,438** |
| **5** | **$42,211** | **-** | **$48,705** | **$48,706** | **-** | **$54,320** | **$54,321** | **-** | **$64,940** | **$64,941** | **-** | **$73,058** |
| **6** | **$48,347** | **-** | **$55,785** | **$55,786** | **-** | **$62,265** | **$62,266** | **-** | **$74,380** | **$74,381** | **-** | **$83,678** |
| **7** | **$54,483** | **-** | **$62,865.00** | **$62,866** | **-** | **$70,210** | **$70,211** | **-** | **$83,820** | **$83,821** | **-** | **$94,298** |
| **8** | **$60,619** | **-** | **$69,945** | **$69,946** | **-** | **$78,155** | **$78,156** | **-** | **$93,260** | **$93,261** | **-** | **$104,918** |

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

Housing Assistance Energy Assistance WIC

FIP Food Assistance Disability

Child Care Assistance Maternal Child Health Program Social Security

Unemployment Parents as Teachers 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

x

A **copy of Page 1 of your 2021 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 2021 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 2021 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](mailto:valc@iastate.edu)

… and justice for all

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