

Income Guidelines

Preschool Scholarships follow the poverty guidelines issued by the Department of Health and Human Services to determine eligibility. The guidelines are a simplification of the poverty thresholds for use for administrative purposes for instance, determining financial eligibility for certain federal programs. Below is the chart eligibility to be used of the 2018-2019 preschool year.

Directrices de HHS pobreza 2018			
Tamaño de la familia	100%	200%	300%
2	16,460	32,920	49,380
3	20,780	41,560	62,340
4	25,100	50,200	75,300
5	29,240	58,480	87,720
6	33,740	67,480	101,220
7	38,060	76,120	114,180
8	42,380	84,760	127,140
For families units more than 8 members, add, 4,320 to the 100%, 8,640 for 200% and 12,960 for 300%			

Deadline for applications August 1, 2018 accepted after deadline, as funds allow. Scholarships limit is \$150.00 per month.

Eligibility

Preschool assistance is based on family income.

Payment of preschool scholarships will be made directly to the preschool the child attends. If the scholarship does not cover the cost of tuition the parents will be responsible for any remaining amount due.

To qualify for preschool assistance the following criteria must be met:

- Child must turn 3 or 4 years of age prior to September 15, 2017.
- Gross family income falls under the Health & Human Services Poverty Guidelines of 300%
- Awards will be based on income eligibility, and serve 4 year old children & 200% of poverty first.
- Referrals will be made to Head Start for families at or below 100% of Health & Human Services Poverty Guidelines.
- Children attending a program that participates in the Statewide Voluntary Preschool Program (SWVPP) (State funds) and/or Head Start (Federal Funds) may be eligible.
- Goal is for children to have at least one preschool experience (this year).
- Attend a preschool provider that participates with the BVCS ECI Preschool Scholarship program.
- Scholarships are awarded based on need. Definition: those at the lowest income are considered a higher need.
- Complete and submit the application, **including proof of income.**

Preschool Scholarships 2018-2019



Buena Vista, Crawford, Sac Early Childhood Iowa

“Every Child beginning at birth will be healthy and successful”



Scholarships are **dependent** upon funding **allocated** to Buena Vista, Crawford and Sac Counties Preschool Scholarship Program.

Application Process

Approved application will be reimbursed starting in **September** (or the first month after a complete application is received) **and ending in May**. Applications are approved by the BVCS ECI office.

Approval notice will be sent to the preschool identified on your preschool scholarship application.

Incomplete applications will delay your funding start date.

Quality Preschool Eligibility:

For a preschool to be eligible to participate in the scholarship program they must have one of the following:

- Quality Rating System, Level 3 Rating or higher;
- Quality Preschool Program Standard, Verification;
- National Association for the Education of Young Children, Accreditation;
- Follow Head Start Performance Standards;
- Preschool **must** charge a fee to parents;
- Have a signed agreement on file with BVCS Early Childhood Iowa.

Preschool Information	2018-2019 Preschool Scholarship Application														
Preschool Name:					Address/Location:										
I certify that this child is considering enrollment in our preschool program, Preschool Director/Teacher/Principal:								Yearly Tuition:							
Hours of Preschool Day:		Days Attending Preschool (weekly):		<input type="checkbox"/>	M	<input type="checkbox"/>	T	<input type="checkbox"/>	W	<input type="checkbox"/>	TH	<input type="checkbox"/>	F	Monthly Tuition:	

If you need to locate a preschool. Please call Child Care Resource & Referral at 1-800-216-8481 or visit www.iowaccrr.org



Child & Family Information			
Name of child attending Preschool: First and last:	Date of Birth:	Ethnicity of child: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
Parent/Guardian in household: First and last:			
Parent/Guardian in household: First and last:			
Mailing Address:	City:	State: IA	Zip Code:
County of Residence:	Daytime phone number:		
Email address:			

Household Information							
Race of Head of Household		Marital Status of Head of Household:		Education Level of Head of Household: Select highest level completed		Household Size:	
<input type="checkbox"/> Native America or Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islanders	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Middle school or lower	<input type="checkbox"/> Trade or Vocational Training	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Partnered	<input type="checkbox"/> Divorced	<input type="checkbox"/> Some High School	<input type="checkbox"/> 2 Year College Degree	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> 4 Year College Degree	<input type="checkbox"/> 6	<input type="checkbox"/> 7
				<input type="checkbox"/> GED	<input type="checkbox"/> Master's Degree or Higher	<input type="checkbox"/> 8	<input type="checkbox"/> Other

HOUSEHOLD INCOME VERIFICATION: Eligibility is based on your income. Please supply a copy on **one** of the following: 2016 Federal Income Tax Statement (pages 1 & 2 note: "blacken out" SS numbers) **or** copies of paystubs for one months' time period **or** copy of eligibility for: National School Lunch Program, Medicaid, FIP, Child Care Subsidy, LiHEAP, Weatherization, WIC, or Title V, (if you qualify for a program listed, you must submit proof of approval with your application). **Important Do Not email any information with your Social Security Number listed on the document.**

Name of person/s with income: _____ Employer name: _____ (Please circle) Paid: Weekly - Twice a month - Every 2 Weeks - Monthly

Name of person/s with income: _____ Employer name: _____ (Please circle) Paid: Weekly - Twice a month - Every 2 Weeks - Monthly

Release of Information

I, (name of parent) _____, authorize BVCS Early Childhood Iowa AND/OR its agents or designees from the following agencies: preschool listed as Preschool of Choice, Head Start, preschool program in which the applicant enrolls. BVCS Early Childhood Iowa also has my authorization to share any necessary information with the above agencies in regards to attendance, cost of program, developmental level. I understand that this information may be requested throughout the year and this release shall expire one year from the date of my signature hereto, contact the above organization to verify that we qualify for on the above assistance.

Signature of parent/guardian Date:

FOR OFFICE USE ONLY -				
Number of persons living in household		Household Yearly Income		Family Qualifies
Family Gross Income Under 100%		Family Gross Income		Family Over Income Requirements
Referral to Head Start		Qualifies - Scholarship Amount		Notes:
Child Attends Head Start				
Child Attends SWVPP		Scholarship Start Date		Postcard sent to parents on

Scholarships will not exceed \$150.00 per month. Parents may be responsible for partial payments to the preschool.

Return Applications to:
Your Preschool or mail to:
BVCS Early Childhood Iowa
116 South State Street, Suite 4
Sac City, IA 50583
Phone number for assistance
712-662-3880
Please Do Not fax applications
akosterbvcs@frontiernet.net