

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 2019-2020 preschool year.

Health & Human Services Eligibility Guidelines 2019			
Size of Family	100%	200%	300%
2	16,910	33,820	50,730
3	21,330	42,660	63,990
4	25,750	51,500	77,250
5	30,170	60,340	90,510
6	34,590	69,180	103,770
7	39,010	78,020	117,030
8	43,430	86,860	130,290
For families units more than 8 members, add, 4,420 to the 100%, 8,840 for 200% and 13,260 for 300%			

Please submit applications by
August 1, 2019
 Scholarships limit is
\$200.00 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, 2019.
- 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 (wrap around/fee charged).
- 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**/Foster care.

Preschool Scholarships 2019-2020



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 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	2019-2020 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:			

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: 2018 Federal Income Tax Statement (page 1 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
Contacted Head Start		Qualifies - Scholarship Amount		Notes:
Child Attends Head Start		Scholarship Start Date		Postcard sent to parents on

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