

**Application for Preschool Tuition Scholarship
School Year 2009 - 2010
Warren County Empowerment Board**

Child's Name _____ Address _____

City _____ Zip Code _____

Date of Birth ____/____/____ () Male () Female

Head of Household _____ () Parent () Foster Parent () Guardian () Grandparent

Address _____

City _____ Zip Code _____ Email (please print) _____

My family lives in Warren County? ___ Yes ___ No (**This program is for children that live in Warren County**)

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Please list others living in the child's home not listed above:

Name	Relationship to child (include age of children)
_____	() Parent () Foster Parent () Guardian () Grandparent
_____	_____
_____	_____
_____	_____
_____	_____

Total living at above address: _____

Guidelines:

- The scholarships are for families **living in Warren County** who are **not eligible** for tuition scholarships through other programs. Empowerment scholarships are not to replace other funding.
- Preschools must meet the guidelines set by the Warren County Empowerment Board/State Empowerment Board to receive funds.
- Parents are expected to pay a portion of their child's tuition based on the **sliding fee scale listed on the next page**. Tuition scholarships will be confidential between the preschool tuition scholarship committee, the family, and the preschool. Parents are responsible for co-payment directly to the program. If the copayment is not paid, the preschool policy for nonpayment will be enforced.
- The scholarship application must be received **by the 5th of the month** for tuition to be paid for that month of service.
- The family and the preschool will be notified of the outcome of the application. Priority will be given to children who are four years old.
- Scholarships do not pay for wraparound child care, meals or transportation.

Income Eligibility Guidelines:*

	90% Tuition Scholarship	80% Tuition Scholarship	70% tuition Scholarship	60% Tuition Scholarship
2	\$14,570 - \$19,670	\$19,671 - \$24,769	\$24,770 - \$29,140	\$29,141 - \$36,425
3	\$18,310 - \$24,719	\$24,720 - \$31,127	\$31,128 - \$36,620	\$36,621 - \$45,775
4	\$22,050 - \$29,768	\$29,769 - \$37,485	\$37,486 - \$44,100	\$44,101 - \$55,125
5	\$25,790 - \$34,817	\$34,818 - \$43,843	\$43,844 - \$51,580	\$51,581 - \$64,475
6	\$29,530 - \$39,866	\$39,867 - \$50,201	\$50,202 - \$59,060	\$59,061 - \$73,825
7	\$33,270 - \$44,915	\$44,916 - \$56,559	\$56,560 - \$66,540	\$66,541 - \$83,175
8	\$37,010 - \$49,964	\$49,965 - \$62,917	\$62,918 - \$74,020	\$74,021 - \$92,525

*Pending State Funding; guidelines based on 2009 Poverty Guidelines released in January 2009

Assistance programs that your family participates in:

- Housing Assistance Yes No
- Energy Assistance Yes No
- WIC Yes No
- FIP Yes No
- Hawk-I Yes No
- Medicaid Yes No
- Food Stamps Yes No
- Child Care Assistance/Subsidy Yes No
- Title 19 Yes No
- Social Security Yes No
- Disability Yes No
- Unemployment Yes No
- Others: Please specify _____

Do you have private insurance coverage for your child? Yes No

To verify your eligibility for the scholarship program we ask that you authorize the preschool tuition scholarship committee to confirm the above information. Please complete the following authorization statement:

I, _____, authorize the preschool tuition scholarship committee to contact the above organizations to verify that we qualified for one of the above assistance programs. There may be an exchange of information among and between the Warren County Empowerment Board and its representatives, AEA, the applicable preschool, and the referral source to accommodate the processing of this application.

Signature _____ **Date** _____

What is your household's **gross income** for one month (**before taxes are taken out**)? _____

(Include child support, unemployment, alimony, social security)

****New – Include copies of one recent month's paystubs for income verification (could be more than one if paid weekly or bi weekly)**

Additional Considerations:

Please explain any unusual expenses or circumstances you have that contribute to you need for a scholarship (for example, unusual medical expenses, special needs of a child or adult) or if no income is shown for the family.

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

1st Choice

Preschool name _____ Phone _____

Address _____

Teacher _____ Classroom enrolled (circle) 3 yr 4 yr 5 yr

Monthly Tuition _____ Days and hours attending _____

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

2nd Choice

Preschool name _____ Phone _____

Address _____

Teacher _____ Classroom enrolled (circle) 3 yr 4 yr 5 yr

Monthly Tuition _____ Days and hours attending _____

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

Parent Signature _____ **Date** _____

Send completed applications to;

Preschool Scholarships
Warren County Extension Office
909 E. 2nd Ave., Suite. E
Indianola, IA. 50125

Phone 515-961-6237

Fax 515-961-6017

www.extension.iastate.edu/warren

Applications will accepted until funds budgeted are expended.