

PRESCHOOL SCHOLARSHIP PROGRAM
FY 2024-2025 FAMILY APPLICATION
A program of Community Action of Southeast Iowa
Funded by Des Moines/Henry/Louisa/Washington (DHLW) Early Childhood Iowa

Dear Applicant:

Thank you for your inquiry into the Preschool Scholarship Program. This program is funded through *DHLW* Early Childhood Iowa and is designed to give children ages 3-5 years a preschool experience. Eligibility is based on family income and geographic area.

Please view the Income Eligibility Chart below. If your household income is less than our minimum guidelines¹, you must apply for Head Start, if one is located in your community. If your child turns four (4) on or before 9/15/2024, you must first apply to the free Statewide Voluntary Preschool Program (SWVPP) in your community. If you are denied or waitlisted for Head Start or the SWVPP, then you may apply for the Preschool Scholarship Program. Children must be under six years of age and at least three years as of 9/15/2024 to participate in the Preschool Scholarship Program.

Enclosed, you will find a Preschool Scholarship application. Funding is limited so you should submit your application as early as possible. Your application is not considered for review until it is **complete**. We must have **completed** applications in our office by the last day of the month to consider eligibility for that month. Please complete the application, include the necessary income documentation, and mail it to Community Action, 2850 Mt. Pleasant St, Ste. 108, Burlington, Ia. 52601. Our office will inform you when your application has been approved, denied, or deemed incomplete. Please assume that we cannot assist you with your preschool expenses until you hear otherwise from us.

If your application is approved:

Scholarships are paid each month to the preschool on your behalf. You are responsible for a co-pay, which is the difference between the scholarship award and what the preschool charges per month. Family co-pays typically range between \$15-\$35 monthly but may be higher in some cases. You will be notified of your scholarship award and co-pay responsibilities upon approval. Please pay your preschool in full until you are notified of a scholarship award.

Please contact me if you have questions or need assistance to complete the application.

Income Eligibility Chart

# in Household	Gross Annual Income Must be MORE than: ¹	Gross Annual Income Must be LESS than:
	\$20,440	\$40,880
3	\$25,820	\$51,640
4	\$31,200	\$62,400
5	\$36,580	\$73,160
6	\$41,960	\$83,920
7	\$47,340	\$94,680
8	\$52,720	\$105,440
9	\$58,100	\$116,200
10	\$63,480	\$126,960

Sincerely,

Kalisha Lutz
 Program Specialist
 Kalisha.lutz@caofseia.org
 319-753-0193

Community Action of Southeast Iowa programs are open to all eligible persons regardless of race, color, creed, national origin, religion, pregnancy, sex, gender identity, sexual orientation, age, physical or mental disability, genetic information, veteran's status, uniformed service, or any other characteristic protected by federal, state or local law.

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2024-2025 DHLW PRESCHOOL SCHOLARSHIPS APPLICATION
 Questions? Contact Kalisha at 319.753.0193 or email Kalisha.Lutz@caofseia.org

Parent/Head of Household Legal Name: _____ Date: _____

Address: _____ City: _____ Zip _____

Mail address if different: _____

Email: _____ Phone _____

May we email application and program notifications instead of mailing them? Yes ___ No, I prefer mailings ___

Marital Status (circle): Never Married Partnered Married Widowed Divorced Separated

Education Level of head of household (circle): *Less than high school; *some high school; *high school diploma; *GED; *some college; *trade/vocational training; Degree: *2-year/AA *4-year/BA *MA+

How many people live in your household? _____ List all people living in your household below*

PRINT First and last name	Relationship to parent*	Hispanic or Latino? Yes/No	Race	Sex M/F	Age	Birth Date
	(Self)					

* If you are not the child's parent, you must furnish legal custodial/guardianship documentation.

If your income is below our minimum, you will need to apply for Head Start. Have you done so? Yes ___ No ___

If YES, what is the status of your application: _____

If your child is 4 years old, please apply for the free Statewide Voluntary Preschool Program through your school district. Were you denied or waitlisted? Yes ___ No ___ Status: _____

Preschool Program Information (request information from the preschool program to ensure accuracy)

Preschool Business Name: _____

City: _____ Phone: _____

Does your child also attend child care at this program? No ___ Yes: Days/Hours _____

Your Attending Child(ren)'s Name(s)	First Day of School	Preschool Schedule. Do NOT include child care hours/fees		# of preschool hours/week	FEE per MONTH
		Start-End Time	Mon Tue Wed Thur Fri		
		Start-End Time	Mon Tue Wed Thur Fri		
		Start-End Time	Mon Tue Wed Thur Fri		

HOUSEHOLD INCOME INFORMATION

DOCUMENTATION IS REQUIRED TO VERIFY INCOME. Submit copies only; originals will not be returned. **For Gross* Wages:** Submit **two** most recent, consecutive pay stubs for each job and each wage earner. **Self-employment income:** submit last year's Schedule C tax documentation. **Child Support:** list amount received from non-custodial parent; provide documentation if support is court ordered. **Other income:** Submit official verification. We may request additional verification upon review of your application. Call if you have questions.

SOME EXAMPLES OF MONTHLY INCOME:

Household gross ¹ wages	\$ _____	Veteran's Benefits	\$ _____
Alimony	\$ _____	Net profit from self-employment	\$ _____
Pensions & annuities	\$ _____	Unemployment Compensation	\$ _____
Social Security	\$ _____	Public assistance/ FIP payments	\$ _____
Child Support	\$ _____	Workman's compensation	\$ _____
		Other	\$ _____

- report financial support received outside of court orders also
- if a parent does not live in the household but support has not been received in the past year, please check here _____

¹**Gross income** is the amount earned before taxes are withheld and includes overtime income.

Household Employment Information: Attach two (2) most recent pay stubs for each job

Household Member's Name		Start Date	
Employer Name			
City	State	ZIP	
# Work Hours Per Week: _____ Rate of Pay: _____ How Often Paid: _____			

Household Member's Name		Start Date	
Employer Name			
City	State	ZIP	
# Work Hours Per Week: _____ Rate of Pay: _____ How Often Paid: _____			

Household Member's Name		Start Date	
Employer Name			
City	State	ZIP	
# Work Hours Per Week: _____ Rate of Pay: _____ How Often Paid: _____			

Record and submit additional employment information on a separate page.

List adult (age 18+) household members who do NOT work: _____

CERTIFICATION: I certify the information on this application is true. If any is false, including but not limited to failing to report income, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand the information in this application will be held in confidence within Community Action and is accessible during normal business hours. By signing below, **I grant permission** to Community Action to speak with my preschool director and employer as needed regarding this application.

SIGNATURE: _____ **DATE:** _____

**Submit your COMPLETED application along with INCOME DOCUMENTATION to
Community Action of Southeast Iowa, 2850 Mt. Pleasant St., Suite 108, Burlington, IA 52601**