



2016-2017 Building Families Preschool Scholarship Application

Building Families is offering preschool scholarships for children residing in **Hamilton, Humboldt & Wright Counties** who are attending a 3 or 4 year old preschool program, not funded by the Statewide Voluntary Preschool Grant. Building Families will pay up to \$90 a month for each scholarship. Applications will be processed and approved on a first come first served basis. Scholarship payments will begin in September or the month the completed application is received and approved. Parents are responsible for tuition payments until the application has been approved.

*****Approval will be delayed if the application is incomplete or missing proof of income.**

ELIGIBILITY

- Household income must be at 200% or below for a full scholarship and between 201-300% for a partial scholarship. See income chart on next page.
- Children must turn 3 by September 15, 2016 when attending a 3 yr. old program or 4 by September 15, 2016 when attending a 4 yr. old program.
- Children must not receive preschool funding from any other source.

REQUIREMENTS

- Parent/Guardian must attach proof of ALL household income.** Proof can include recent pay stubs (please indicate frequency of pay), child support income, current tax return, letter from employer, W-2, TANF, FIP, PELL or SSI.
- Parent/Guardian must completely fill-out this Scholarship Application for the 2016-17 school year.**
- Parent/Guardian must attend a Preschool Parent Night that is sponsored by Building Families.**
- Parent/Guardian must complete a survey at the end of the year provided by Building Families. _____ **Initial**

PLEASE PRINT & FILL OUT COMPLETELY

*All information included in this application will be kept confidential. Questions below are for funding requirements.

Child's Name _____ Child's DOB _____

Street _____ Phone number _____

City/State/Zip _____ Total number of adults & children residing in your home _____

Name of Preschool _____ Monthly Tuition \$ _____

Program attending (circle one) 3 year old 4 year old Gender of child (circle one) Male Female

Do you need information on health insurance for your child? (circle one) Yes No

Do you need information on how to have your child screened for developmental delays? (circle one) Yes No

Head of household marital status (circle one) Married Partnered Single Divorced Widowed Separated

Head of household education level (check one)

___ Middle School or lower ___ Some High School ___ High School Diploma ___ GED
___ Trade or Vocational training ___ 2-Year College Degree ___ 4-Year College Degree ___ Masters or Greater

Head of household race (check one)

___ Native American/Alaskan Native ___ Native Hawaiian/Pacific Islander ___ African American ___ Asian
___ White

Is head of household Hispanic/Latino? YES NO

I, (Print Parent's Name) _____ do hereby give permission to Building Families to obtain information from my banking institutions and income sources including the Social Security Administration, The Veterans Administration, Department of Human Services and all other private agencies that may have relevant information on income. This statement shall serve as a waiver of privacy for obtaining information for my eligibility under Building Families. Complete privacy will be maintained by the agency named above, as required under this privacy act of 1974.

Parent Signature _____

2016 Federal Income Guidelines

Number of Persons in household	200%	300%
1	\$23,760	\$35,640
2	\$32,040	\$48,060
3	\$40,320	\$60,480
4	\$48,600	\$72,900
5	\$56,880	\$85,320
6	\$65,160	\$97,770
7	\$73,460	\$110,190
8	\$81,780	\$122,670
Each additional	\$8,320	\$12,480

****Parents/Guardians – You MUST attach something that indicates your household income. This can include recent pay stubs (please indicate frequency of pay), child support income, current tax return, W-2, written letter stating amount paid, TANF, FIP, PELL or SSI.**

OFFICE USE ***DATE RECEIVED_____**

Federal Income Level: ___ below 100% ___ 101-150% ___ 151-200% ___ 201-220% ___ 221-230%
 ___ 231-240% ___ 241-250% ___ 251-260% ___ 261-270% ___ 271-280%
 ___ 281-290% ___ 291-300% ___ 301% or Greater

Family annual income _____

Approved **Yes** **No** Denied/Reason _____

Preschool Coordinator Signature: _____ Date: _____

Return completed application and proof of income to the preschool or

Building Families ECI
120 1st Ave NW, Suite 14
Clarion, IA 50525
515-602-6371 office
515-227-0444 cell
E-mail: ashannon@carrollfrc.org

