

CORNER COUNTIES EARLY CHILDHOOD AREA (CCECA)
Preschool Tuition Assistance Application
School Year 2011-2012

Corner Counties Early Childhood Area offers Preschool Tuition Grants for children 4 years of age by September 15, 2011 and meet the following guidelines and as long as funds are available:

1. The family must reside in one of the following school districts: Clarinda; Essex or Shenandoah.
2. If the household income indicates the child to be eligible for Head Start the child will not receive a tuition grant unless they have been denied by the Head Start program or placed on the Head Start waiting list. In either case proof of documentation shall be provided to the Director of the preschool before consideration of a tuition grant.
3. The child shall be enrolled in a preschool that has a Quality Rating of a Level 3, 4 or 5.
4. The family shall submit a completed application to the preschool the child is to be enrolled in. All incomplete applications will be returned to the family without being processed, this includes the lack of income verification.
5. The gross household income is at or below 200% of the Federal Poverty Guidelines. This includes all forms of income including child support, unemployment, FIP; etc.
6. Parent(s)/guardian(s) agree that the child will attend preschool on a regular basis and the parent will complete a developmental screening tool in April 2012.
7. If the child has an attendance rate below 75% for three consecutive months the tuition grant will be null and void for the remainder of the school year. In the event of a health condition or illness that has the potential to impact the child's attendance rate please make the preschool director aware of this at the beginning of the school year in writing.

Applications for tuition assistance will be accepted from August 1, 2011 through September 23, 2011, but funding will be awarded on a first come first serve basis for all eligible children beginning August 1, 2011. The parent(s)/guardian(s) will be required to pay a portion (co-pay) of the tuition fee that could be as minimal as \$5.00 per month up to \$25.00 per month. The co-pay will be determined by a sliding fee scale based on the gross income for the child's household. There will be no scholarships funded at 100% of the tuition fee.

INCOME VERIFICATION: In order to verify your current income, please **complete, sign and date the Income Declaration document and you must provide copies of paystubs that verifies your gross income for the last two months.** If you do not have your paystubs a signed statement from your employer on your employer's letterhead that list your paydays and the gross amount of each check you were issued for the last two months will provide verification. (Information will be regarded as confidential and will not be shared with any other individuals or entities other than the Corner Counties Early Childhood Director for the purpose of verification).

If you are receiving unemployment benefits then you will need to ask the Iowa Workforce Development representative in your area to provide you with a printout of your benefits for the last two months.

If you are receiving FIP then you will need to provide a copy of your current Notice of Decision document or you will need to ask your Income Maintenance Worker with the Department of Human Services to provide you with a printout of your benefits for the last two months.

**Corner Counties Early Childhood Area
Preschool Tuition Scholarship Eligibility Income Declaration**

**This form must be completed by all families applying for a tuition scholarship.*

_____ Date child was enrolled in preschool.

Please complete all income categories below that apply to your family:

Annual Income amount (self): _____

Annual Income amount (spouse/significant other): _____

Monthly Child Support: _____

Monthly Unemployment benefits: _____

Monthly FIP (Family Investment Program): _____

Our family has no income: _____

I, _____ certify that the income information I have provided on this document is accurate and true. I have attached all applicable income verification. I understand that at any time should my family's income situation change I must report it to the Director of the Preschool immediately.

Signature: _____

Relationship to Child: _____

Date: _____

Please print in blue ink.

Child's Name First Last	Child's Date of Birth
Is your child covered by (circle one): Title XIX Hawk-I Private Health Insurance No Health Insurance	Child's Race (check one) <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian <input type="checkbox"/> Other
Mother's Name First Last	Child's Gender (circle one) Male Female
Father's Name First Last	Home Phone with Area Code
911 Address of Child's Residence (post office box not acceptable)	Work Phone with Area Code
Mailing Address (if different than above)	Cell Phone with Area Code
City State Zip Code	# of years my child has been enrolled in a preschool program (include this year)
Name of the Preschool your child plans to attend?	Type of Program (Check One) <input type="checkbox"/> 4 year old program <input type="checkbox"/> 5 year old program (Year to Grow)
What form of transportation do you anticipate your child using to get to preschool? (circle one) Personal Vehicle School Bus Public Transportation Walk	
How many people are in your household that you are responsible for supporting (including yourself)?	

I understand that any amount of Tuition Assistance received will go directly to the preschool my child is attending. I understand that I will be required to pay a portion of my child's tuition each month in addition to the tuition grant received. In April 2012 I will be provided a developmental screening tool and will complete it in a timely manner and return it to the Preschool.

Parent Signature _____ **Date** _____

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# of individuals in household: _____	Total household income: _____
Income ↓130% ↓150% ↓185% ↓200%	Income verified: Yes No Form of verification: _____
Approved: _____	Denied: _____
Monthly Tuition Amount: _____	Monthly Parental Co-pay: _____ Monthly Tuition billable to CCECA: _____
Preschool Director's Signature: _____	

Return completed application with proof of household income to your child's Preschool no later than September 23, 2011.