

## 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. Use the chart below to identify if you might be eligible for a Preschool Scholarship. Income based off of Gross Income.

| Health & Human Services Eligibility Guidelines 2025 |           |             |            |            |
|---|-----------|-------------|------------|------------|
| Size of Family                                      | 100% (HS) | 125%        | 160% (CCA) | 200%       |
| 2   | \$21,150. | \$26,437.50 | \$35,040.  | \$42,300.  |
| 3   | \$26,650. | \$33,312.50 | \$44,200.  | \$53,300.  |
| 4   | \$32,150. | \$40,187.50 | \$53,360.  | \$64,300.  |
| 5   | \$37,650. | \$47,062.50 | \$62,520.  | \$75,300.  |
| 6   | \$43,150. | \$53,937.50 | 71,680.    | \$86,300.  |
| 7   | \$48,650. | \$60,812.50 | \$80,840.  | \$97,300.  |
| 8   | \$54,150. | \$67,687.50 | \$90,000.  | \$108,300. |
| For each additional add                             | \$5,500.  | \$6,875.    | \$9,160.   | \$11,000.  |

HS – Head Start | CCA- Child Care Assistance  
Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

## Northwest Early Childhood Iowa

2025-2026

### NECI Preschool Scholarship Cherokee, Lyon Plymouth & Sioux Counties



## Application Process

Applications are approved by the Mid-Sioux office.  
Parents complete the application questions.

Child must turn 3 or 4 years of age prior to  
September 15, 2025.

Incomplete applications may delay your funding  
start date.

Approved applications will be reimbursed starting  
in September (or month received after  
September) and ending in May.

Approval notice will be sent to the parent (by  
email or mail) and the preschool identified on the  
scholarship application.

Payment of preschool scholarships will be made  
directly to the preschool the child attends.  
Reimbursements will start in September and end  
in May. If the scholarship does not cover the cost  
of tuition the parents will be responsible for any  
remaining amount due.

**Contact Information**  
Mid-Sioux Opportunity  
712-786-3422  
418 S Marion St  
ssmith@midsioux.org



Start the NECI Application Here



### Financial Aid and Child Care Assistance (CCA) Information.

Please complete the following,  
checking all that apply:

- ☐ Preschool is funded through the Dept of Ed  
(if yes, move to last question)
- ☐ I already have CCA for my child
- ☐ I am eligible for CCA and need to apply.
- ☐ I am waiting to hear about CCA from HHS.
- ☐ My CCA application was denied - you are  
asked to provide reason and proof.
- ☐ I verify I have looked into all options to  
assist in paying for preschool and I am not  
eligible for any other funding source for  
preschool support.

**Continue onto page 2 of the application.**

**Scholarships are dependent upon  
funding allocated to the NECI  
program and  
Mid-Sioux Opportunity.**

**\* Early Childhood Iowa funds cannot supplant  
other state/federal programs and is a funder of  
last resort.**

## NECI Preschool Scholarship Application 2025-2026 School Year

|                         |                          |                          |   |                          |   |                          |   |                          |    |                          |           |                 |  |
|-------------------------|--------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|----|--------------------------|-----------|-----------------|--|
| Preschool of Choice:    |                          |                          |   |                          |   |                          |   |                          |    |                          | Location: |                 |  |
| Hours of Preschool Day: | Days Attending Preschool | <input type="checkbox"/> | M | <input type="checkbox"/> | T | <input type="checkbox"/> | W | <input type="checkbox"/> | TH | <input type="checkbox"/> | F         | Yearly Tuition: |  |

**Start the application by completing the Financial Aid and Child Care Assistance (CCA) portion of the application, on the previous page.**  
**All families may be asked to complete a CCA application, as a part of the application process.**

**CHILD INFORMATION** ~ Please complete **both** Ethnicity and Race of Child information.

|  |   |   |   |                                       |                                |                                |                                   |                                       |
|--|---|---|---|---------------------------------------|--------------------------------|--------------------------------|-----------------------------------|---------------------------------------|
| Name of Child Attending Preschool: First and last: |   |   | Date of Birth:                            |                                       |                                | Ethnicity of child:            | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Not Hispanic |
| Race of Child, <b>must choose one</b>              | <input type="checkbox"/> Native America or Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> African American | <input type="checkbox"/> Multi-racial | <input type="checkbox"/> White | <input type="checkbox"/> Asian |                                   |                                       |

**PARENT & HOUSEHOLD INFORMATION** ~ Please print clearly.

|   |  |  |  |                                     |  |                |           |  |
|---|--|--|--|-------------------------------------|--|----------------|-----------|--|
| Name of Parent: First and last:   |  |  | County of Residence:                               | <input checked="" type="checkbox"/> |  |                |           |  |
| Name of Parent: First and last:   |  |  | Phone Number:                                      |                                     |  | Email Address: |           |  |
| Mailing Address:  |  |  | City:  |                                     | State:   | IA             | Zip Code: |  |
| Marital Status of Head of Household:  | Education Level of Head of Household: Select highest level completed   |  | Household Size:                                    |                                     |  |                |           |  |
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered   | <input type="checkbox"/> Middle school or lower <input type="checkbox"/> Some High School <input type="checkbox"/> GED                         |  | <input type="checkbox"/> High School Diploma       |                                     | <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |                |           |  |
| <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | <input type="checkbox"/> Trade/Vocational Training <input type="checkbox"/> 2 Yr. College Degree <input type="checkbox"/> 4 Yr. College Degree |  | <input type="checkbox"/> Master's Degree or higher |                                     | <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 |                |           |  |

**HOUSEHOLD INCOME VERIFICATION:** Eligibility is based on your income. **Please supply a copy of one of the following:** Page 1 and 2 of your tax return, or copies of paystubs for one month's time. Please send copies, your documents will not be returned and please cover up social security numbers.

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

**Parent Agreement to Participate & Release of Information** I, (name) \_\_\_\_\_, **Agreement:** I agree to participate as a recipient of low-income preschool support through the NECI scholarship program and assure that I will comply with the provisions identified on this application. Child is not eligible for other funding including State Child Care Assistance, Head Start, other tuition support, my family's income is under 200% of the federal poverty level. I will notify the NECI/Mid-Sioux Opportunity (MSO) office of any change in my income.

**Release of Information:** I authorize NECI/MSO and/or its agents or designees from the following agencies: preschool program in which the applicant enrolls and/or Head Start if my income is at or below 100% of the federal poverty level, have my authorization to share any necessary information with the above agencies related to eligibility, attendance, cost of program, and 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. I agree my child will attend preschool 85% of the time (unless excused) or I may be asked to pay the difference.

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parents are responsible for partial payments to the preschool. **Return Applications either to your Preschool or send them to:**  
 Mid-Sioux Opportunity; 418 S Marian St, Remsen IA 51050 and/or email: [ssmith@midsioux.org](mailto:ssmith@midsioux.org) Phone contact: 712-786-3422

**FOR OFFICE USE:**

| Date Received | Student Qualifies | <input type="checkbox"/> < 100% | <input type="checkbox"/> 101-125% | <input type="checkbox"/> 160% CCA | <input type="checkbox"/> 161-185% | <input type="checkbox"/> 186-200% | <input type="checkbox"/> Denied CCA | <input type="checkbox"/> Ineligible CCA | <input type="checkbox"/> Over |
|---------------|-------------------|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|---|-------------------------------|
| \$            |                   | Notes:                          |                                   |                                   |                                   |                                   |                                     |   |                               |