*Only fill out pages 1, 2 & 4. You do not need to fill out page 5.

NECI/Mid-Sioux Opportunity Preschool Scholarship Application

2026 – 2027 School Year

Start the application by completing the Financial Aid & CCA portion first. All families may be asked to complete a CCA application as part of the process

Today's Date:	Child's First and Last Name:		Date of Birth
Circle one: Male Female	Child's Race	Hispanic? Y N	Child's Insurance: Circle one: Medicaid/Title XIX Hawk-I Private Insurance None
Parents Name(s):			Parental Status in the home: Circle one: Married Single Widowed Partner Divorced Separated
Number of people In your household	Parents Race	Hispanic? Y N	Education Level Head of Household: Circle one: Less than a HS diploma High School Diploma GED Training/School AA BA Masters or higher
Address:			
City	State	Zip	County
Telephone #1:			Telephone #2:
Employer(s)			Parent's Email

Have you applied for or does your child or family receive the following assistance?

Head Start? Y N	SSI? Y N	WIC? Y N	FIP? Y N	SNAP? (food stamps) Y N	Child in Foster Care? Y N

Preschool You are applying for:	City:
Teacher:	Monthly tuition:

If child is eligible for Head Start they can receive preschool tuition scholarships only if they have been placed on the HeadStart waiting list or if other needs are identified.

Children in foster care or families who qualify for FIP or SSI will be referred to Head Start. If there is current availability in Head Start or availability at any time throughout the year then that must be used versus the tuition assistance program. NECI preschool scholarships may not be available to children who live in school districts receiving Universal Preschool dollars.

CHECK ONE below to show which applies to your families grows income based on size

Number of people in the family (circle one)	**PLEASE SUBMIT A COPY OF PAGE 1 & 2 of all 2025 1040 tax return(s) to support what you've indicated below.** If your income has dramatically changed from what your tax return state you must include a month's worth of paystubs for all income earners in the household)
2	_____ Household gross annual income is at or below $43,280, qualifying for scholarship
3	_____ Household gross annual income is at or below $54,640, qualifying for scholarship
4	_____ Household gross annual income is at or below $66,000, qualifying for scholarship
5	_____ Household gross annual income is at or below $77,360, qualifying for scholarship
6	_____ Household gross annual income is at or below $88,720, qualifying for scholarship
7	_____ Household gross annual income is at or below $100,080, qualifying for scholarship
8	_____ Household gross annual income is at or below $111,440, qualifying for scholarship
	Add $14,768 for each additional family member

I state that the above information is valid and allow the above-named preschool to release this information to Northwest Early Childhood Iowa and Mid-Sioux Opportunity so that the scholarship dollars can be release.

Northwest Early Childhood Iowa
2026-2027
NECI Preschool Scholarship Application

Cherokee, Lyon, Plymouth & Sioux

All scholarships are dependent upon funding allocated to the NECI program and Mid-Sioux Opportunity.

Financial Aid & Child Care Assistance (CCA) Information

Please complete the following. Check all that apply:

____ Preschool is funded through the Department of Ed **(if yes, move to the 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 that 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

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 months' 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:** _____

Send Completed application and income documentation to:
Mid-Sioux Opportunity Head Start/NECI, Shari

418 S Maron Street, Remsen IA 51050.
Or Fax to: 712-823-0078
If you have questions please call 800-859-2025 or email ssmith@midsioux.org

ECI Scholarships and Child Care Assistance (CCA)

This is guidance specifically for ECI local area directors/staff.

ECI Local Area Guidance on Child Care Assistance (CCA)

Early Childhood Iowa (ECI) scholarships may be issued once the local area has determined all other available funds have been utilized, primarily CCA. The intention of this is to maximize the use of federal funds dedicated to eligible families who are seeking assistance with early learning care and preschool. Local area directors and staff should first determine whether a family meets the basic CCA eligibility requirements listed below. If it appears the household will not meet CCA eligibility, such as when one or both parents are not working the required hours or enrolled in full-time education/training, staff may use the **Parent Attestation Form** to document these factors and avoid unnecessary CCA applications. For official CCA details, families may contact their local Child Care Assistance office, call 1-866-448-4605, or visit hhs.iowa.gov/child-care.

Child Care Assistance Eligibility:

You may be eligible for the Child Care Assistance Program if you:

- Live in Iowa
- Have a child under the age of 13 that needs care (or under the age of 19 if the child has special needs)
- Work or attend an approved training/education program an average of 32 hours a week (28 hours a week if the child has special needs)
- Are unable to work or attend training/education program because of an approved medical reason

Need Help Understanding Eligibility?

Child Care Assistance – Frequently Asked Questions for Family Eligibility

Contact your local **Iowa Child Care Assistance office** or visit:
https://hhs.iowa.gov/child-care
Call: 1-866-448-4605

Link to online CCA Application: http://ccmis.dhs.state.ia.us/clientportal/default.aspx

Link to CCA Application: https://hhs.iowa.gov/media/5181/download?inline

Parent Attestation Form

This is guidance specifically for ECI local area directors/staff.

This form is intended to reduce paperwork for families that we know will likely not meet eligibility requirements for Child Care Assistance (CCA). Completing this form does not replace a formal application but may help prevent unnecessary CCA Applications. If **at least one parent checked both of the boxes on the attestation**, the household likely does **not currently meet** the basic eligibility criteria for Iowa's Child Care Assistance program and may be automatically denied if an application is submitted at this time.

Parent/guardian 1 Name:_____

Please check any boxes that apply to this parent's current situation:

☐ Employment Requirement Not Met
This parent/guardian is currently not working or working an average of less than 32 hours per week.

☐ Education/Training Requirement Not Met
This parent/guardian is not enrolled in a full-time education or training program.

Parent/guardian 2 Name: _____

Please check any boxes that apply to this parent's current situation (use N/A if there is not a second parent/guardian in the household) :

☐ Employment Requirement Not Met
This parent/guardian is currently not working or working an average of less than 32 hours per week.

☐ Education/Training Requirement Not Met
This parent/guardian is not enrolled in a full-time education or training program.

By signing below, I acknowledge that:

- The above information is correct
- This is not a CCA Application and if my circumstances change, I can fill out a CCA Application at any time.

Parent/Guardian Name (Printed): _____

Signature: _____ **Date:** _____

Phone or Email (optional): _____

ECIA Board Attestation Form

This is guidance specifically for ECI local area directors/staff.

This form is intended to reduce paperwork for families that we know will likely not meet eligibility requirements for Child Care Assistance (CCA). Completing this form does not replace a formal application but may help prevent unnecessary CCA Applications. If **at least one box is checked of the three boxes on the ECIA Board attestation form**, the household likely does **not currently meet** the eligibility criteria for Iowa's Child Care Assistance program or HeadStart and may be automatically denied if an application is submitted at this time.

☐ECIA has verified that a child scholarship is covering time not otherwise allocated to the child's time or participation in a DE authorized preschool or HeadStart classroom and has supportive documentation.

☐ECIA has verified that the family is over the FPL to qualify for CCA or HeadStart and has supportive documentation.

Name of scholarship applicant: _____

ECIA Director/ Scholarship Coordinator

Signature: _____ Date: _____