Early Childhood 10WA NECI/Mid-Sioux Opportunity Preschool Scholarship Application 2024 – 2025 School Year



Today's Date:		Child's First and Last Name:														Date of Birth							
Today's Date.																ale							
Circle one:	Chi	Child's Race Hispanic? Child's Insurance: Circle one:																					
	Ale Female				Y N				Medicaid/Title XIX Hawk-I							Private Insurance None							
Parents Name																							
		Parental Status in the home: Circle one: Married Single Widowed Partn										er	Div	orce	h	Sena	rate	h					
Number of peo	Pare	nts	Race		Hisi	panic?		d Single Widowed Partner Divorced Separat Education Level Head of Household: Circle one:									iute	.u					
In your house	Parents Race				Y N											gh School Diploma GED							
in your nouser								AA BA Masters or								•							
Address:																							
City	City				State					County													
-																							
Telephone #1:						Tel	ephor	ne #2:															
																			·				
Employer(s)		Parent's Email																					
Have you applied for or does your child or family receive the following assistance?																							
Head Start?	ad Start? Y N SSI? Y N WIC? Y N FIP? Y N SNAP? (food stamps) Y N								Chi	ld ir	n Fos	ster	Care	γ	Ν								
Preschool You are applying for: City:																							
Teacher: Monthly tuition:																							
f child is eligible for H	ead Sta	rt they ca	an receiv	ve nr	eschool ti	uition	scho	arshins	only if th	nev hav	beer	n place	ed o	n the F	leadSt	tart v	vaiting	list o	or if of	her n	eeds a	e	
dentified.																							
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									е														
the year then that m			is the tu	ition	assistanc	e pro	gram.	. NECI pi	reschoo	l schola	rships	s may I	not k	oe avai	lable t	to ch	ildren	who	live in	scho	ol distr	icts	
receiving Universal Pr												L	- I-		_								
CHECK ONE bel	ow to	show							-							.			-1				
Number of			P	'LE/	ASE SUI											tax	reti	irn(S)				
people in	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									.													
the family								mon	115	'													
(circle one)	worth of paystubs for all income earners in the household)																						
2	Household gross annual income is at or below \$40,880, qualifying for scholarship																						
3	Household gross annual income is at or below \$51,640, qualifying for scholarship																						
4	Household gross annual income is at or below \$62,400, qualifying for scholarship																						
5	Household gross annual income is at or below \$73,160, qualifying for scholarship																						
6	Household gross annual income is at or below \$83,920, qualifying for scholarship																						
7	Household gross annual income is at or below \$94,680, qualifying for scholarship																						
8	Household gross annual income is at or below \$105,440, qualifying for scholarship																						
											Α	\dd \$	\$13	,988	for e	each	n ado	ditio	nal f	ami	y me	mbe	er
																							-

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.

Preschool Tuition Scholarship Parent Obligation Form

Please check each of the following statements:
I understand that for my application to be processed without correct documentation.
I understand that Mid-Sioux Opportunity/NECI will monitor my child's attendance and that my child's preschool tuition scholarship will continue as long as he/she attends preschool regularly.
I understand that my child's preschool tuition scholarship will continue as long as funds are available.
I will notify Mid-Sioux Opportunity/NECI (800-859-2025) if my child stops attending the stated preschool so that payment is discontinued.
I will notify Mid-Sioux Opportunity/NECI (800-859-2025) if I have a change in contact information.
Parent Signature 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 <u>ssmith@midsioux.org</u>