

Mahaska Wapello Early Childhood IOWA  
**FYE 2021 Quality Preschool Scholarship Program**

**Tell Us About the People in Your Home**

If both parents/step-parents or caretakers are in the home, include information for both.

Parent/step-parent or caretaker name	Phone: (H) (W) (cell) (    )	Email
Parent/step-parent or caretaker name	Phone: (H) (W) (cell) (    )	Email
Street, City	State	Zip

**List all children 3-5 years of age needing preschool assistance.**

Indicate the race of each child. Your answer will not affect your eligibility for preschool. Use the following codes:

Race: (choose all that apply)

**W** = White

**B** = Black or African American

**A** = Asian

**I** = American Indian or Alaskan Native

**N** = Native Hawaiian or other Pacific  
Islander

Name (First, Last)	Relationship to you	Birth Date	Sex	Race	Needs 3Y or 4Y or PreK Preschool

List all other people living in your home not listed above.

Name	Relationship to you	Birth Date

**Preschool Provider Information**

Preschool Name:	Phone (    )		
Street	City	State	Zip
Cost per month:	Number of Hours: M=___ T=___ W=___ Th=___ F=___		

**Income Eligibility for Service**

Parent/Guardian #1:	Parent/Guardian #2:
Are you working? <input type="radio"/> Yes <input type="radio"/> No	Are you working? <input type="radio"/> Yes <input type="radio"/> No
How many hours a week?	How many hours a week?
What is your hourly wage?	What is your hourly wage?
Employer name:	Employer name:
Employer Phone:	Employer Phone:

**NOTICE: To determine eligibility for this preschool scholarship program, attach COPIES of all your pay stubs from the last 2 months, OR pages 1 and 2 from last year's (2019) Federal Income Tax Statement (this is a must for self-employment), OR a letter from your employer stating your wage, the number of hours you work each week and starting date. Please attach copies only, originals will not be returned! We may request additional verification upon review of your application.**

**Monthly Family Income**

Itemize your family monthly income below.

Gross Wages (before taxes)	\$	SSI/SSD	\$
TANF/FIP Benefits	\$	Social Security	\$
Child Support or Alimony	\$	Unemployment	\$
Pension	\$	Other	\$
Total Family Monthly Income:\$			

By signing this application I verify that I understand the following:

MWECI will be contacting my preschool provider to verify enrollment, number of hours and total costs reported on this application and to discuss with the provider: Preschool Provider qualifications, agreement and the scholarship reimbursement payment system. MWECI may contact any of the previously named agencies/persons as deemed necessary to verify any information reported in this application.

**Mahaska Wapello Early Childhood IOWA School Ready Funds are used to support preschool scholarships and must not supplant state and federal funds. If my income is such that I am eligible for Head Start or the Iowa Voluntary 4 Year Preschool, I must apply for these services and receive a denial letter or be placed on a waiting list before continuing to pursue Mahaska Wapello Early Childhood Iowa funding.**

**RELEASE OF INFORMATION:**

I hereby authorize the Mahaska Wapello Early Childhood Iowa Office to release this application and confidential information concerning my personal situation to the MWECI Board of Directors, if such information is necessary for me to receive the services I am applying for. I also authorize Mahaska Wapello Early Childhood Iowa Office to release this application to the previously named agencies and persons, such confidential information if such information is deemed necessary to complete or verify this application. This release is valid until June 30, 2021.

Signature Box:

Date:

## Parent Assurances & Demographics Quality Preschool Scholarship Program

1. Mahaska Wapello Early Childhood IOWA will pay your preschool provider for preschool expenses set forth in the "Notice of Eligibility."
2. **Any MWECI Quality Preschool Scholarship may be terminated if the child does not maintain an average of 85% monthly attendance.**
3. Parents will review and sign the preschool provider's monthly attendance sheet, verifying its accuracy. Parent signatures must be provided on this attendance sheet for payments to be processed and sent to the preschool provider.
4. A maximum monthly amount or limit will be established and set forth in the "Notice of Program Eligibility." Any cost incurred above the limit is the responsibility of the parent. Parents will notify MWECI within 10 days, of any changes in family status or income, or name changes.
5. The Parent agrees to give the current preschool provider a 2 week notice if the parent needs to make a change in preschool providers.
6. This agreement is valid for the FYE2021 grant year (July 1<sup>st</sup>, 2020 – June 30<sup>th</sup>, 2021). Parents must re-apply yearly after July 1<sup>st</sup>, if future funding is available. Families may be re-evaluated for continuation at some point during the eligibility period.
7. **Preschool Scholarships can be terminated if agreements are violated, funding is cut, reduced, expended or ceases.**

### **Additional demographic data we are REQUIRED to collect:**

Head of household's race/Ethnicity (Please choose the ONE that best describes what you consider yourself to be):

- |   |   |
|---|---|
| <input type="checkbox"/> A. Native American or Alaskan Native | <input type="checkbox"/> B. Native Hawaiian/Pacific Islanders |
| <input type="checkbox"/> C. African American                  | <input type="checkbox"/> D. Asian                             |
| <input type="checkbox"/> E. White                             | <input type="checkbox"/> F. Hispanic/Latino                   |

Head of household's marital status:

- |                                      |                                       |                                       |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> A. Married  | <input type="checkbox"/> B. Partnered | <input type="checkbox"/> C. Single    |
| <input type="checkbox"/> D. Divorced | <input type="checkbox"/> E. Widowed   | <input type="checkbox"/> F. Separated |

Head of household's highest level of education:

- |  |  |
|--|--|
| <input type="checkbox"/> A. Elementary or middle school or lower | <input type="checkbox"/> B. Some high school                   |
| <input type="checkbox"/> C. High school diploma                  | <input type="checkbox"/> D. GED                                |
| <input type="checkbox"/> E. Trade/Vocational Training            | <input type="checkbox"/> F. Some college                       |
| <input type="checkbox"/> G. 2-year college degree (Associate's)  | <input type="checkbox"/> H. 4-year college degree (Bachelor's) |
| <input type="checkbox"/> I. Master's degree or higher            |  |

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please mail your completed application and supporting income documentation to:**  
**Pat McReynolds, Area Director**  
**Mahaska Wapello Early Childhood IOWA**  
**POB 335, Richland, Iowa 52585**