

APPLICATION PROCESSING

Applications are awarded on a 1st come 1st served basis and accepted throughout the year until funding is exhausted. Approved applications will be reimbursed starting the first full month after a complete application and all supplemental documents are received by our office. Approved and complete applications received by the fifteenth day of the month by 4:30 PM will be funded for that month. Drop off address provided below, and questions must be answered over the phone 641-422-2707.

If you are approved, we will mail you a contract to sign and return to our office. Your provider will not receive notice of your application status and cannot be paid until a signed contract is received by our office.

Incomplete applications may delay your funding start date. You will be notified of your application status by mail and may be contacted for additional materials. Depending on the empowerment office's processing time, funding will be back-dated to the first full month after we have received your application.



22 North Georgia Ave., Suite 300
Mason City, Iowa 50401

641-422-2707

Preschool Scholarships 2014-2015



Provided by:
Cerro Gordo, Hancock, and
Worth Empowerment Area

EMPOWERING COMMUNITIES TO
ENSURE THE HEALTH AND SUCCESS
OF EVERY CHILD

Preschool Scholarships

(for children ages 3 through 5)

Preschool assistance is available for up to \$165 for 0% to 100% of poverty and \$145 for 100% to 200% of poverty per month per child attending preschool. A maximum of \$1,485/school year per child will be awarded. If your income falls between 100% to 200% of poverty a \$20.00 parent portion must be paid to the preschool. An invoice, which you must sign, is submitted each month from the preschool provider that your child attends and payment is made directly to that provider. You are responsible for any remaining amount due.

ELIGIBILITY

TO QUALIFY FOR PRESCHOOL ASSISTANCE YOU MUST:

- Use a licensed preschool provider
- Be a resident of Cerro Gordo, Hancock, or Worth County
- Have a child or children age 3 to under 6 years old
- The qualifying child is not eligible for kindergarten, head start, or there are no openings available
- Have a gross family income that falls under the income guidelines (See the "Income Guidelines" chart)
- Pay each month of your remaining preschool costs not covered by this scholarship
- Not be receiving preschool assistance from any *othersource*
- Be paying preschool cost separate from Childcare (Childcare including preschool is not eligible)

Note: If you receive free or reduced preschool reimbursement through your employer, this is considered other preschool assistance.

INCOME GUIDELINES:

To know if you meet financial requirements, and if you need to pay a parent portion, please look for the number of members in your family and the corresponding gross annual income (income before deductions or taxes) in the chart below.

Federal Income Guidelines 100% to 200% \$20.00 parent portion paid to the preschool, remaining up to \$145 per month will be paid for the scholarship to the preschool.

Family Size	Gross Annual Income
2	\$15,731 to \$31,460
3	\$19,791 to \$39,580
4	\$23,851 to \$47,700
5	\$27,911 to \$55,820
6	\$31,971 to \$63,940
7	\$36,031 to \$72,060
8	\$40,091 to \$80,180

Your family's total gross income must be the same or less than the highest amount allowed.

Federal Income Guidelines 0% to 100% No Parent Portion Payment, up to \$165 per month will be paid for the scholarship to the preschool.

Family Size	Gross Annual Income
2	\$0 to \$15,730
3	\$0 to \$19,790
4	\$0 to \$23,850
5	\$0 to \$27,910
6	\$0 to \$31,970
7	\$0 to \$36,030
8	\$0 to \$40,090

Your family's total gross income must fall in the guidelines above to be eligible for the scholarship with no parent portion to be paid.

EMPOWERMENT PRESCHOOL SCHOLARSHIP APPLICATION (September 1, 2014 – June 1, 2015)

Children in Need of Preschool, Ages 3-5

NAME OF CHILD First-Middle Initial-Last Name (Only those 3-5)	RELATIONSHIP (Example: Parent, guardian, son, or daughter)	Foster Child (Yes/No)	DATE OF BIRTH	Age of Child at Start of School Year (Years)	Child Has Health Insurance (Yes/No)	RACE: (White, Black/African American, Asian, American Indian/Native Alaskan, Native Hawaiian/Other Pacific Islander, More than One Race, Other)	HISPANIC OR LATINO (Yes/No)

Parent/Guardian/s in Household:

Name: Last: _____ First: _____ Middle Initial: _____ Address: _____

Name: Last: _____ First: _____ Middle Initial: _____ City: _____ Zip: _____

State: _____ County of Residence: _____ Home Phone: _____-_____-_____- Work Phone: _____-_____-_____-

Cell Phone: _____-_____-_____- # of people in your household? _____ # of children ages 3 to under 6 needing funding? _____

Income Verification: Submit a copy only the last 2 pay stubs, or last year's tax statement, or employer's statement of income on letterhead, or self-employment records, or child support verification, for each source of income.

Name of Person with Income	Source of Income (Employer Name, Child support, etc)	How often Received? (weekly, bi-weekly, monthly)	Amount Received Per Year

Release of Information

I, _____, at _____, hereby release any-and-all necessary, requested information to the Cerro Gordo, Hancock, & Worth Empowerment Area and/or its agent or designee, from the following agencies and organizations including: Iowa Department of Human Services, Iowa Workforce Development, any training or educational program in which the applicant is involved, and any childcare or preschool program in which the applicant is currently enrolled. The Empowerment Area also has my express authorization to share any necessary information with the above agencies. I understand that this information may be requested throughout the current year and this release shall expire one year from the date of my signature hereto.

(Signature) (Date)

Please Circle Your Response and Fill in the Blanks

Who is/will be your preschool provider?

Is your preschool provider licensed? Yes No

Provider Address: _____

City: _____ Phone: _____-_____-_____-

Cost per month: \$ _____

of days your child will attend preschool per week: _____

of months you are requesting funding for (starting the first full month after we receive your application, & cannot extend beyond June 30, 2015 or the month the child turns 6) _____

LICENSED PRESCHOOL PROVIDERS

**CHILD CARE RESOURCE & REFERRAL
866-424-9559**

Please Circle Your Response and Fill in the Blanks

Are you receiving WIC, Medicaid, or Free/ Reduced School Lunch? Yes No

Do you receive preschool assistance in full or part from your employer? Yes No

Are you receiving other preschool assistance? Source: _____ Yes No

Have you contacted or applied for Headstart /kindergarten? Yes No

Is the child eligible for Headstart /kindergarten? Yes No

Are you paying preschool cost separate from Childcare? Yes No

Reason the child is not eligible for Headstart /kindergarten: _____

School District your residence is in: _____

Office Use Only:
 ___Accepted Date: ___/___/___
 ___Denied Date: ___/___/___
 ___Need More Information Date: ___/___/___



Mail Application To:

**Empowerment
22 North Georgia Ave, Suite 300
Mason City, Iowa 50401**

Be sure to include all forms for income verification