



Serving Families in Boone and Story County
2022-2023

Family Preschool Tuition Assistance Application

Funds will be awarded on a first-come first-serve basis

Application will be processed after July 1, 2022 pending state funding and local contract award

Child's Name: _____ Child's Date of Birth: ____/____/____
Child's Gender: ____ Female ____ Male Class: ____ 3 yr. old ____ 4 yr. old ____ 5 yr. old
Child's Race: (Please check all that apply) ____ African American ____ Hispanic/Latino ____ Asian
____ Native American or Alaskan Native ____ Native Hawaiian/Pacific Islander ____ Other/Unknown ____ White
Physical Address: _____ City: _____ Zip Code: _____
Head of Household: _____ Parent ____ Foster Parent ____ Guardian
Head of Household Marital Status
____ Single ____ Married ____ Separated ____ Divorced ____ Widowed ____ Partnered
Head of Household Ethnicity: (Please check all that apply)
____ Hispanic/Latino ____ African American ____ Native American or Alaskan Native ____ Asian ____ White
____ Native Hawaiian/Pacific Islander ____ Other or Unknown
Head of Household Educational Level (Please check highest level). ____ Middle School or lower ____ Some High School
____ Highschool Diploma/ HiSET ____ Some College ____ Trade/Vocational Training
____ 2-Year College degree (Associate). ____ 4-Year College Degree (Bachelor's). ____ Master's Degree
Mailing Address (if different than above): _____ City: _____ Zip Code: _____
County: ____ Boone ____ Story

The maximum scholarship amount for 2022-23 is \$245 per month.

The following apply to our family (place a check (✓) next to all that apply):

- Our family is not receiving State Child Care Assistance or Promise Job Child Care Funding for this child.
Our family's gross income meets the guidelines listed below. (Please circle number of persons your family or household in the table below. To qualify your family income must be below the amount next to the circled #.)

Table with 2 columns: Circle # of persons in family or household, 2022 income must be below this amount. Rows include 2 (\$34,840), 3 (\$43,920), 4 (\$53,000), 5 (\$62,080), 6 (\$71,160), 7 (\$80,240), 8 (\$89,320), and For each additional person, add \$9,080.

- I understand that a voluntary declaration of income and number of persons in my family is necessary to make sure funds are directed to families least able to secure services from other sources. I understand that I/we may be required to verify my/our family's income. Failure to provide correct verification may result in our application being denied or current services being cancelled.

- I understand that any amount of tuition scholarship received will go directly to the preschool. The preschool will be responsible for submitting a monthly statement and will track my/our child's attendance to remain eligible for the tuition assistance. It is expected that my/our child's **attendance will be at least 90%**. If attendance does not meet 90% and my/our child's absences are unexcused (examples of excused absences include child illness, family crisis), then the preschool provider will talk with BooSt ECI. Ongoing attendance problems may result in the loss of preschool tuition scholarship assistance.
- I verify the above information is true.

Method of Communication Email (please print): _____

Has your child attended preschool in the past? _____ Yes _____ No If yes, which Preschool? _____

Home Phone: _____ Cell Phone: _____ Are you expecting? _____ Due Date: _____

2021 adjusted gross income (line 8b on 1040): \$ _____

Number in household: Adults: _____ Dependent Children: _____ Ages: _____ Total living at above Address: _____

Consent to Release Information

To verify your eligibility for the tuition assistance program we ask that you authorize the preschool tuition scholarship I, _____, authorize the preschool tuition scholarship committee to contact organizations to verify that we qualified for any assistance programs. There may be an exchange of information between the BooSt Together for Children Board and its funded programs, the applicable preschool, and the referral source to accommodate the processing of this application for your family. This may contain copies of IEP, social and family history; school records and educational assessments.

Signature _____ Date _____

For Office Use Only: Date Received _____

BooSt Together for Children ECI

Preschool Tuition Scholarship Guidelines for 2022-23

The BooSt Together for Children ECI Area Board has allocated funds to be used for preschool tuition scholarships during the 2022-2023 school-year.

Child and Family Eligibility

- Boone or Story County resident
- Children 3 or 4 years of age on September 15th (not eligible for Kindergarten)
 - 4 year old eligibility for children NOT receiving any other state or federal aid
- Families with incomes at or below 200% of the poverty level (see family application for income guidelines)
- Not to exceed \$245 per child per month for up to 9 months of preschool.
- ECI will not pay more than the preschool tuition charged by the participating program.

Preschool Program Eligibility

Preschool providers must meet the following criteria:

1. Use a comprehensive, research-based or evidence-based curriculum **and** a systematic child assessment addressing all areas of child development using a reliable, published tool. Examples of curricula choices are The Creative Curriculum for Preschool and High Scope Curriculum. Examples of assessment tools include, but are not limited to, Creative Curriculum Gold and High Scope.

2. Preschool providers must meet at least **one** of the following standards criteria (applicants must provide appropriate documentation to verify):
- Accredited by the National Association for the Education of Young Children (NAEYC)
 - Meets the Head Start Program Performance Standards;
 - Verified, or paperwork submitted for self-verification status to the Iowa Department of Education, for Iowa’s Quality Preschool Program Standards (QPPS);
 - Achieved or has applied for Level 2 or higher on Iowa’s Quality for Kids rating scale (IQ4K).

Sliding Fee Scale - Income Eligibility Guidelines:*

*** Guidelines are based on the 2020 Poverty Guidelines that were updated in January 22, 2020.**

Additional Person \$4,800

Family Size	100% Tuition Scholarship	90% Tuition Scholarship			80% Tuition Scholarship		
			-			-	
2	\$34,840	\$34,841	-	\$38,640	\$38,641	-	\$41,640
3	\$43,920	\$44,080	-	\$52,260	\$52,300	-	\$56,640
4	\$53,000	\$57,808	-	\$60,880	\$61,000	-	\$65,880
5	\$62,080	\$63,000	-	\$71,650	\$74,300	-	\$79,050
6	\$71,160	\$72,080	-	\$84,260	\$88,120	-	\$93,120
7	\$80,240	\$81,000	-	\$97,000	\$98,800	-	\$106,740
8	\$89,320	\$91,250	-	\$98,260	\$100,800	-	\$120,360

Programs in which your family participates (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> WIC |
| <input type="checkbox"/> FIP | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Maternal Child Health Program | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Parents As Teachers | <input type="checkbox"/> New Parent Program |
| <input type="checkbox"/> Healthy Futures | <input type="checkbox"/> Stork Nest/Family Nest | <input type="checkbox"/> Crisis Child Care |

Other: Please specify _____

Which describes your child’s health coverage (check one)?

- Private Hawk-I Medicaid Amerigroup Medicaid Iowa Total No Insurance

A copy of Page 1 of your 2021 Federal Income Tax form must be provided to verify this income figure.

If income is not reflective of your current financial situation, a second priority of income verification can be submitted (examples: copies of prior month’s unemployment benefits, FIP Notice of Decision benefit and/or most recent month’s paystubs).

Additional Considerations:

Does your 2021 tax return provide an accurate picture of your current financial situation? Yes No

If no, please explain special circumstances that make it difficult to pay tuition: _____

This information will be shared with BooSt Together for Children Board of Directors who will make the final decision on eligibility.

Which preschool does your child attend or plan to attend if not currently enrolled?

First Choice:

Preschool name: _____ Phone: _____

Address: _____

Classroom enrolled (circle): 3 year 4 year 5 year

Monthly Tuition: \$ _____ **Days and hours attending:** _____

I understand that any amount of tuition scholarship monies received will go directly to the preschool my child is attending. The director will be responsible to submit a monthly statement and will track my child's attendance to remain eligible for tuition assistance. It is expected that my child's preschool attendance will be 90%. If attendance does not meet 90% and absences are unexcused (examples of excused absences: child illness, family crisis), the preschool program director will talk with me. On-going attendance problems may result in the loss of my preschool tuition scholarship. If the co-payment is not paid, the nonpayment preschool policy will be enforced.

Parent Signature: _____ Date: _____

Send completed application and a copy of your 2021 Federal Income Tax Return (page 1 only) to:



Anita Claman, Director
900 W 3rd St.
Boone, Iowa 50036

Cell: 515-230-7904

Office Phone: 515-433-4897

Email: aclaman@boonecounty.iowa.gov

(Applications processed on a first come first serve basis).