



# EARLY CHILDHOOD IOWA MUSCATINE COUNTY

## ECIMC COMBINED PRESCHOOL SCHOLARSHIP APPLICATION & TRANSPORTATION REQUEST FORM

This combined application has been designed for any family residing in Muscatine County that requires help with preschool tuition for 3-year-olds and/or help with transportation to and from preschool for 3 and 4-year-olds. Unfortunately, at this time transportation is confined to the city of Muscatine only.

**ELIGIBILITY PERIOD FOR THIS APPLICATION: September 2021– May 2022 ONLY**

### SECTION ONE:

This section of the application captures **basic demographic information** required by the state.

#### CHILD'S INFORMATION:

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Male  Female

Child's Ethnicity:  White  Hispanic/Latino  Asian  African American  
 Native American or Alaskan Native  Native Hawaiian or Pacific Islander  Multi-racial

#### HEAD OF HOUSEHOLD INFORMATION:

Name of Parent or Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Contact: \_\_\_\_\_

#### Marital Status of Head of Household:

Married  Single  Widowed  Partnered  Divorced  Separated

#### Highest Education Level Completed by Head of Household:

Middle School or Lower  Some High School  GED  High School Diploma  
 Trade or Vocational Training  2-year College Degree  4-year College Degree  Master's Degree or Higher

#### Ethnicity of Head of Household:

White  Hispanic/Latino  Asian  African American  Native American or Alaskan Native  
 Native Hawaiian or Pacific Islander  Multi-racial

## SECTION TWO:

This next portion of the application pertains to **family income** and will be used to determine eligibility for either a preschool scholarship for 3-year-olds and/or free transportation to and from preschool. The following table shows the eligibility breakdowns.

# living in Household	Gross Income Less Than
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

List all other people who live in your home:

Name (First, Last)	Relationship to child	Employer

Number of adults living in the home: \_\_\_\_\_ Number of children living in the home: \_\_\_\_\_

### INCOME VERIFICATION

Documentation for all forms of income ***MUST BE INCLUDED*** with this application or the application ***cannot*** be processed until all of the necessary documentation has been received.

This documentation may include **2 (two) current pay stubs OR a copy of Federal Income Tax Return(s)** for each parent or guardian living in the home.

Current Employer: \_\_\_\_\_ Hours per week: \_\_\_\_\_

How often do you receive a paycheck:  Weekly  Every 2 weeks (bi-weekly)  Twice per month  Monthly

Both parents' gross wages \_\_\_\_\_ Net income from self-employment \_\_\_\_\_

**Please check below if you receive any of the following forms of income. If so, please include verification of such.**

- Child Support     
  Unemployment Compensation     
  Public Assistance/welfare payments (FIP)     
  Alimony  
 Pensions and annuities     
  Workman's compensation     
  Social Security     
  Veteran's Benefits     
  Other

Child support you **PAY** each month: \$ \_\_\_\_\_

***In addition to funding through the Early Learning Scholarship Preschool program, Muscatine Charities (MCI) may provide additional assistance for preschool costs as long as applicant is approved and funding is available. By signing this application, I am accepting funding through MCI as well as granting Early Childhood Iowa Muscatine County permission to share this application with MCI.***

I would like to **DECLINE** assistance through MCI (please mark box)

**CERTIFICATION:** I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE. IF ANY PART IS FALSE, MY PARTICIPATION IN THIS PROGRAM MAY BE TERMINATED AND I MAY BE SUBJECT TO LEGAL ACTION. I ALSO UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE HELD IN THE SPIRIT OF CONFIDENCE WITHIN THE AGENCY AND IS ACCESSIBLE TO ME DURING NORMAL BUSINESS HOURS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SECTION THREE:

This section must be filled out by those who need a **preschool scholarship for 3-year-olds**. Please fill in the name of the preschool your child will be attending. Then read each bullet point and sign and date below. If you do not need or want a preschool scholarship, you may skip to **SECTION FOUR**.

**PRESCHOOL NAME:**

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## Early Learning Scholarship Parent Agreement Form

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- A maximum monthly amount or limit will be set for each family and agreed upon between Early Childhood Iowa Muscatine County, the preschool and the parent. **Any cost incurred above the limit is the responsibility of the parent.**
- The parent agrees to make the required co-payment to the preschool on a timely basis. **Failure to do so will terminate eligibility with the early learning scholarship program immediately.**
- The parent agrees to give the current preschool a two-week notice if the parent needs to change preschools. **Failure to do so will terminate eligibility with the early learning scholarship program** and the parent will be responsible to reimburse the preschool for any outstanding costs.
- Preschool attendance will be monitored by the preschool and submitted monthly to the ECIMC Director along with the claim voucher. **At least 85% attendance will be required** for participation in the scholarship program. If the child is sick and misses school, these days will not be included in the 85% attendance requirement **if written notification from a health care provider is supplied**. If attendance falls below 85%, the preschool scholarship program manager will give one warning to parents. The second-time attendance falls below 85%, the child may be terminated from the scholarship program. Full preschool tuition will then be the responsibility of the parent/guardian.
- A sum of money has been pledged for this program through Early Childhood Iowa Muscatine County. **As long as funds remain available** and the family eligibility remains the same, parents will be assisted by our program.
- This agreement is valid for the time period indicated above. Families can be reevaluated for continuation near the end of the eligibility period as long as funding remains available. Parents will be notified of such.
- **Preschool assistance can be terminated at any time if agreements are broken.**

***I hereby agree to all statements listed above:***

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Please Print Name

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Date

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Signature