

Income Guidelines

Preschool Scholarships follow the poverty guidelines issued by the Department of Health and Human Services to determine eligibility. The guidelines are a simplification of the poverty thresholds for use for administrative purposes for instance, determining financial eligibility for certain federal programs. Below is the chart eligibility to be used of the 2021-2022 preschool year.

Health & Human Services Eligibility Guidelines 2021				
Size of Family	*100%	125%	200%	300%
2	17,420	21,775	34,840	52,260
3	21,960	27,450	43,920	65,880
4	26,500	33,125	53,000	79,500
5	31,040	38,800	62,080	93,120
6	35,580	44,475	71,160	106,740
7	40,120	50,150	80,240	120,360
For family units more than 7 members, add, 4,540 to the 100%, 5,675 for 125%, 9,080 for 200% and 13,620 for 300% *Child may meet the income eligibility requirements for Head Start				

Eligibility

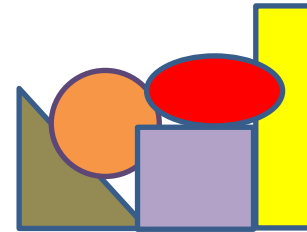
Preschool assistance is based on family income.

Payment of preschool scholarships will be made directly to the preschool the child attends. Reimbursements will start in September and end in May. If the scholarship does not cover the cost of tuition the parents will be responsible for any remaining amount due.

To qualify for preschool assistance the following criteria must be met:

- Child must turn 3 or 4 years of age prior to September 15, 2021.
- Referrals will be made to Head Start for families at or below 100% of HHS Poverty Guidelines.
- Awards will be based on income eligibility, and serve 4 year old children & 200% HHS poverty first.
- Gross family income falls under HHS Poverty Guidelines of 300% if funding is available.
- Children attending a program that participates in the Statewide Voluntary Preschool Program (SWVPP) (State funds) may be eligible (wrap around/fee charged to parents).
- Goal is for children to have at least one preschool experience (this year).
- Attend a preschool provider that participates with the BVCS ECI Preschool Scholarship program.
- Scholarships are awarded based on need. Definition: those at the lowest income are considered a higher need.
- Complete and submit the application, **including proof of income**/Foster care.

Preschool Scholarships 2021-2022



Buena Vista, Crawford, Sac Early Childhood Iowa

“Every Child beginning at birth will be healthy and successful”



A partner in the Statewide Early Childhood Iowa Initiative

Scholarships are **dependent upon funding allocated** to Buena Vista, Crawford and Sac Counties Preschool Scholarship Program.

Application Process

Approved applications are approved by the BVCS ECI office.

Incomplete applications may delay your funding start date.

Approved applications will be reimbursed starting in September and ending in May.

Approval notice will be sent to the parent and/or preschool identified on your preschool the child is attending in August.

Quality Preschool Eligibility:

For a preschool to be eligible to participate in the scholarship program they must have one of the following:

- Quality Rating System, Level 3 Rating or higher;
- Quality Preschool Program Standard, Verification;
- National Association for the Education of Young Children, Accreditation;
- Follow Head Start Performance Standards;
- Preschool **must** charge a fee to parents;
- Have a signed agreement on file with BVCS Early Childhood Iowa.
- **Use Ages & Stages Questionnaire-3 & Ages & Stages Questionnaire SE**

August 1 deadline, until funds are allocated. Scholarships are done on a sliding fee scale, the limit is \$200.00 per month.

2021-2022 Preschool Scholarship Application			
Name of Preschool:			Location:
I certify that this child is considering enrollment in our preschool program, school representative:			Yearly Tuition:
Hours of Preschool Day:	Days Attending Preschool (weekly):	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Monthly Tuition:

Child Information			
Name of Child Attending Preschool: First and last:	Date of Birth:	Ethnicity of child:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race of Child, Must Chose One of the Following	<input type="checkbox"/> Native America or Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islanders	<input type="checkbox"/> African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> White <input type="checkbox"/> Asian

PARENT & HOUSEHOLD INFORMATION			
Name of Parent: First and last:	Ethnicity of Parent	County of Residence:	<input type="checkbox"/> Buena Vista <input type="checkbox"/> Crawford <input type="checkbox"/> Sac <input type="checkbox"/>
Name of Parent: First and last:	Ethnicity of Parent	Phone Number:	
Mailing Address:	Zip Code:	Email Address:	
Marital Status of Head of Household:	Education Level of Head of Household: Select highest level completed		Household Size:
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered	<input type="checkbox"/> Middle school or lower	<input type="checkbox"/> Some High School <input type="checkbox"/> GED	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Trade or Vocational Training	<input type="checkbox"/> 2 Year College Degree <input type="checkbox"/> 4 Year College Degree	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
		<input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree or Higher	

HOUSEHOLD INCOME VERIFICATION: Eligibility is based on your income. Please supply a copy on one of the following: 2020 Federal Income Tax Statement (page 1 note: “blacken out” SS numbers) or copies of paystubs for one months’ time period or copy of eligibility for: National School Lunch Program, Medicaid, FIP, Child Care Subsidy, LiHEAP, Weatherization, WIC, or Title V, (if you qualify for a program listed, you must submit proof of approval with your application). Important Do Not email any information with your Social Security Number listed on the document.

Name of person/s with income: _____ Employer name: _____ (Please circle) Paid: Weekly - Twice a month - Every 2 Weeks - Monthly

Name of person/s with income: _____ Employer name: _____ (Please circle) Paid: Weekly - Twice a month - Every 2 Weeks - Monthly

Release of Information I, (name of parent) _____, authorize BVCS Early Childhood Iowa AND/OR its agents or designees from the following agencies: preschool listed as Preschool of Choice, Head Start, preschool program in which the applicant enrolls. BVCS Early Childhood Iowa also has my authorization to share any necessary information with the above agencies in regards to attendance, cost of program, developmental level. I understand that this information may be requested throughout the year and this release shall expire one year from the date of my signature hereto, contact the above organization to verify that we qualify for on the above assistance.

Signature of parent/guardian

Date:

Parents are responsible for partial payments to the preschool.
Return Applications to:
Your Preschool or mail to:
BVCS Early Childhood Iowa
PO Box 174
Breda, IA 51436

bvcs.eci.director@gmail.com

Please Do Not fax applications
Phone 712-830-6775

FOR OFFICE USE ONLY			
Number of persons living in household	Household Yearly Income:		Scholarship Start Date
<input type="checkbox"/> Contacted Head Start	<input type="checkbox"/> Under 100%	<input type="checkbox"/> 200% <input type="checkbox"/> 300%	
<input type="checkbox"/> Child Attends Head Start	<input type="checkbox"/> Qualifies - Scholarship Amount		<input type="checkbox"/> Family Over Income Requirements
Notes:			