

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 2022-2023 preschool year.

Health & Human Services Eligibility Guidelines 2022

Size of Family	*100%	125%	200%	300%
2	18,310	22,88.5	36,620.	54,930.
3	23,030.	28,787.5	46,060.	69,090.
4	27,750.	34,687.5	55,500.	83,250.
5	32,470.	40,587.5	64,940.	97,410.
6	37,190.	46,487.5	74,380.	111,570.
7	41,910.	52,387.5	83,820.	125,730.

For family units more than 7 members, add: 4,720. to the 100%, 5,900. for 125%, 9,440. for 200% & 14,160. 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, 2022.
- 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 age of child. Scholarships are done on a sliding fee scale; the maximum limit is \$200.00 per month.
- Gross family income falls under HHS Poverty Guidelines of 201%-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 a preschool experience.
- 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. Incomplete applications may delay the award.

Preschool Scholarships 2022-2023

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, Sac Early Childhood Iowa - Preschool Scholarship Program.**

Application Process

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 the scholarship application in August 2022.

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 and/or IQ4K Level 1,
- 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

Preschool Scholarship Applications are accepted starting at Preschool Registration through August or until funds are expended.

2022-2023 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	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Not Hispanic	County of Residence:	<input type="checkbox"/>	Buena Vista	<input type="checkbox"/>	Crawford	<input type="checkbox"/>	Sac	<input type="checkbox"/>	Other		
Name of Parent: First and last:				Ethnicity of Parent	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Not Hispanic	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"/>	High School Diploma	<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"/>	Master's Degree or Higher	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7

HOUSEHOLD INCOME VERIFICATION: Eligibility is based on your income. Please supply a copy of one of the following: 2021 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 related 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:

FOR OFFICE USE ONLY

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

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
Phone 712-673-4610