

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. Use the chart below to identify if you might be eligibility for a Preschool Scholarship.

Health & Human Services Eligibility Guidelines 2024				
Size of Family	* 100%	125%	200%	300%
2	20,440	25,550	40,880	61,320
3	25,820	32,275	51,640	77,460
4	31,200	39,000	62,400	93,600
5	36,580	45,725	73,160	109,740
6	41,960	52,450	83,920	125,880
7	47,340	59,175	94,680	142,020
8	52,720	65,900	105,440	158,160

For each additional person add \$5,380.00
 Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Preschool Tuition Support 2024-2025

Buena Vista, Crawford, Sac Early Childhood Iowa

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, 2024.
- Awards will be based on income eligibility and age of child. Scholarships are done on a sliding fee scale; the maximum amount of a scholarship is \$200 per month.
- Gross family income falls under HHS Eligibility Guidelines of 200% / 300% if funding is available. Scholarships are awarded based on need. Definition: those at the lowest income and four-year-old students are considered a higher need.
- Children attending a program that participates in the Statewide Voluntary Preschool Program (SVPP) (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.
- Complete and submit the application, **including proof of income**/Foster Care. Incomplete applications may delay the award.
- Parent will be made aware they may qualify for Head Start if income is at or below 100% of HHS Poverty Guidelines.



A partner in the Statewide
Early Childhood Iowa Initiative

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.

Application Deadline July 1, 2024

Approval notice will be sent to the parent (by mail or email) and the preschool identified on the scholarship application in August 2023.

DEADLINE
Preschool Scholarship Applications
are accepted starting at Preschool
Registration - July 1st deadline and/or
accepted throughout the year.
Awards will be based upon
availability of funds.
Scholarships are processed starting
in July.

NOTE: Scholarships are dependent upon funding allocated to the Buena Vista, Crawford, Sac Early Childhood Iowa - Preschool Scholarship Program.

Preschool Scholarship Application 2024-2025 School Year

Name of Preschool:							Location:							
I certify that this child is considering enrollment in our preschool program. Name:							Yearly Tuition:							
Hours of Preschool Day:		Days Attending Preschool	<input type="checkbox"/>	M	<input type="checkbox"/>	T	<input type="checkbox"/>	W	<input type="checkbox"/>	TH	<input type="checkbox"/>	F	Monthly Tuition:	

CHILD INFORMATION ~ Please complete both Ethnicity and Race of 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 choose one	<input type="checkbox"/>	Native America or Alaskan Native	<input type="checkbox"/>	Native Hawaiian/Pacific Islander	<input type="checkbox"/>	African American	<input type="checkbox"/>	Multi-racial	<input type="checkbox"/>	White	<input type="checkbox"/>	Asian

PARENT & HOUSEHOLD INFORMATION ~ Please print clearly.

Name of Parent: First and last:			County of Residence:	<input type="checkbox"/>	Buena Vista	<input type="checkbox"/>	Crawford	<input type="checkbox"/>	Sac	<input type="checkbox"/>	Other, list:
Name of Parent: First and last:			Phone Number:			Email Address:					
Mailing Address:			Zip Code:								

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/Vocational Training	<input type="checkbox"/> 2 Yr. College Degree	<input type="checkbox"/> 4 Yr. 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: 2022 Federal Income Tax Statement (pages 1 & 2 note: "blacken out" SS numbers) or copies of paystubs for one months' time or copy of eligibility for: National School Lunch Program, FIP, Child Care Subsidy, LiHEAP, Weatherization, WIC, (if you qualify for a program listed, you must submit proof of approval with your application, this should include the date approved). 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) _____, 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:

Parents are responsible for partial payments to the preschool. **Return Applications to your Preschool or send to:**
BVCS Early Childhood Iowa; PO Box 174, Breda, IA 51436 and/or email: bvcs.eci.director@gmail.com Phone contract: 712-673-4610

FOR OFFICIE USE:															
Date Received	Student Qualifies	<input type="checkbox"/>	Under 100%	<input type="checkbox"/>	101-125%	<input type="checkbox"/>	126-185%	<input type="checkbox"/>	186-200%	<input type="checkbox"/>	300%	<input type="checkbox"/>	Other reason	<input type="checkbox"/>	Over Income
	\$		<input type="checkbox"/>	Encouraged Head Start	Notes:										