

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. Income based off of Gross Income.

Health & Human Services Eligibility Guidelines 2025			
Size of Family	100% (HS)	125%	160% (CCA)
2	\$21,150.	\$26,437.50	\$35,040.
3	\$26,650.	\$33,312.50	\$44,200.
4	\$32,150.	\$40,187.50	\$53,360.
5	\$37,650.	\$47,062.50	\$62,520.
6	\$43,150.	\$53,937.50	71,680.
7	\$48,650.	\$60,812.50	\$80,840.
8	\$54,150.	\$67,687.50	\$90,000.
For each additional add	\$5,500.	\$6,875.	\$9,160.
HS – Head Start CCA- Child Care Assistance Source: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines			

*** Early Childhood Iowa funds cannot supplant other state/federal programs and is a funder of last resort.**

Low Income Preschool Support (L.I.P.S.) 2025-2026

Buena Vista, Crawford, Sac Early Childhood Iowa (ECI)



Contact Information

L.I.P.S. Coordinator
712-673-4610
PO Box 174 | Breda IA 51436
bvcs.eci.director@gmail.com

Application Process

Applications are approved by the BVCS ECI office. Parents complete the application questions.

Child must turn 3 or 4 years of age prior to September 15, 2025.

Incomplete applications may delay your funding start date.

Approved applications will be reimbursed starting in September (or month received after September) and ending in May.

Application Deadline August 13, 2025

Approval notice will be sent to the parent (by email or mail) and the preschool identified on the scholarship application in August 2025.

Payment of preschool scholarships will be made directly to the preschool the child attends.

If the scholarship does not cover the cost of tuition the parents will be responsible for any remaining amount due.

Income at/under 160% of the FPL will be under consideration to complete an application for Child Care Assistance. Applications are on the Iowa Health and Human Services website, Child Care Portal <https://hhs.iowa.gov/programs/programs-and-services/child-care/CCA>

Start the L.I.P.S. application here



Financial Aid and Child Care Assistance (CCA)

Based on your income you may be asked to complete a Child Care Assistance application. Please help by checking all that apply.

- ☐ I applied for Child Care Assistance (CCA) date applied _____.
- ☐ I need help filling out the CCA application.
- ☐ I am eligible for CCA.
- ☐ I am waiting to hear about CCA from HHS.
- ☐ My CCA application was denied - you are asked to provide reason and proof.
- ☐ I am ineligible for CCA check all that apply, I do not meet CCA requirements related to:
 - ☐ work requirements
 - ☐ school requirements
- ☐ I am attending a Department of Education Preschool - Statewide Voluntary Preschool, that does not accept CCA.
- ☐ I verify I have looked into all options to assist in paying for preschool and I am not eligible for any other funding source for preschool support.
- ☐ I have read all the options.
- ☐ I understand this Is **Not** an application for CCA.

DEADLINE
Preschool Scholarship Applications are accepted starting at Preschool August 13 Application deadline and/or accepted throughout the year, based upon the availability of funds.

NOTE: Scholarships are dependent upon funding allocated to the Buena Vista, Crawford, Sac Early Childhood Iowa - Low Income Preschool Support program.

Low Income Preschool Support Application 2025-2026 School Year

Preschool of Choice:											Location:			
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	Yearly Tuition:	

Start the application by completing the Financial Aid and Child Care Assistance (CCA) portion of the application, on page 1.

All families may be asked to complete a CCA application, as a part of the application process.

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:	City	State	IA	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:** CCA denial, Head Start denial, Page 1 and 2 of your tax return, or copies of paystubs for one month's time. Please send copies, your documents will not be returned and please cover up social security numbers.

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

Parent Agreement to Participate & Release of Information I, (name) _____, **Agreement:** I agree to participate as a recipient of low-income preschool support through the BVCS Early Childhood Iowa scholarship program and assure that I will comply with the provisions identified on this application. Child is not eligible for other funding including State Child Care Assistance, Head Start, other tuition support, if my family's income was identified to be under 200% of the federal poverty level. I will notify the BVCS ECI office of any change in my income.

Release of Information: I authorize BVCS Early Childhood Iowa and/or its agents or designees from the following agencies: preschool listed as Preschool of Choice, preschool program in which the applicant enrolls, Head Start if my income is at or below 100% of the federal poverty level, has my authorization to share any necessary information with the above agencies related to eligibility, 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. I understand my financial information will be reviewed annually. I agree my child will attend preschool 75% of the time (unless excused) or I will pay the difference. **Signature of parent/guardian** _____ **Date:** _____

Parents are responsible for partial payments to the preschool. **Return Applications by July 31st either to your Preschool or send them 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 OFFICE USE:

Date Received	Student Qualifies	<input type="checkbox"/> < 100%	<input type="checkbox"/> 101-125%	<input type="checkbox"/> 160% CCA	<input type="checkbox"/> 126-185%	<input type="checkbox"/> 186-200%	<input type="checkbox"/> Denied CCA	<input type="checkbox"/> Ineligible CCA	<input type="checkbox"/> Over
	CCA Payment \$	Scholarship Payment \$			Approved by:			Date:	