

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	100%	125%	200%	300%
Family Size of 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

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

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.

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.

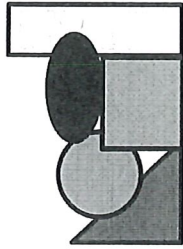
Approval notice will be sent to the parent and/or preschool identified on your preschool the child is attending in August.

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

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.

2021-2022 Preschool Scholarship Application

Name of Preschool: _____ Location: _____

I certify that this child is considering enrollment in our preschool program, school representative: _____

Hours of Preschool Day: _____ Days Attending Preschool (weekly): M T W TH F S Sun

Yearly Tuition: _____ Monthly Tuition: _____

Child Information

Name of Child Attending Preschool: First and last: _____ Date of Birth: _____ Ethnicity of child: Hispanic Not Hispanic

Race of Child, Must Chose One of the Following Native America or Alaskan Native Native Hawaiian/Pacific Islanders African American Multi-racial White Asian

PARENT & HOUSEHOLD INFORMATION

Name of Parent: First and last: _____ Ethnicity of Parent Not Hispanic Hispanic Not Hispanic Buena Vista Crawford Sac

Name of Parent: First and last: _____ Ethnicity of Parent Not Hispanic Hispanic Not Hispanic Buena Vista Crawford Sac

Mailing Address: _____ Email Address: _____ Phone Number: _____ Household Size: _____

Marital Status of Head of Household: _____ Education Level of Head of Household: Select highest level completed

Married Single Partnered Widowed Middle school or lower Some High School GED High School Diploma

Divorced Separated Widowed Trade or Vocational Training 2 Year College Degree 4 Year College Degree Master's Degree or Higher 2 3 4

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 month's 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.

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

Signature of parent/guardian: _____ Date: _____

FOR OFFICE USE ONLY

Number of persons living in household _____ Household Yearly Income: _____

Contacted Head Start Under 100% 200% 300% Scholarship Start Date _____

Child Attends Head Start Qualifies - Scholarship Amount _____ Family Over Income Requirements

Notes: _____