

2023-24 PRESCHOOL TUITION ASSISTANCE APPLICATION

Early Childhood Iowa: Lakes Region

Applications will be accepted until budgeted funds are expended. Funds will be awarded on a first come, first served basis. **Please provide ALL information requested to avoid delay in processing the application.**

CHILD AND FAMILY INFORMATION (Please print)

Child's Name: _____ Date of Birth: _____
Parent(s) Name: _____ Child's Age as of 9/15/23: _____
Address: _____ City and Zip code: _____
Phone Number: _____ Email address _____
County: _____

PRESCHOOL INFORMATION: Which preschool do you plan to use? (Please print)

Name: _____ City/County: _____
Days per week _____ Hours per day _____ Cost per month _____
Transportation assistance may be available. Do you need this? Yes _____ No _____

REQUIRED INCOME INFORMATION

To be eligible for preschool tuition assistance, your gross annual income must be 200% or less of the federal poverty level
1) Please attach pages 1 and 2 from last year's Federal Income Tax statement OR pay stubs for last 12 months, PLUS documentation from any other household income: Child Support, FIP etc. from the last three months.

Number of people in household: _____ **Gross annual or monthly income (before taxes):** _____

Family Size	Maximum per year (gross income)	Family Size	Maximum per year (gross income)
2	\$32,040	6	\$65,160
3	\$40,320	7	\$73,460
4	\$48,600	8	\$81,780
5	\$56,880	For each additional person add	\$8,320

OTHER REQUIRED INFORMATION:

ECI Lakes Region is required to collect the following information. This will be kept confidential.

Marital status of head of household: Married Partnered Single Divorced Widowed Separated

Education level of head of household: Middle school or lower Some high school High school diploma GED
 Trade or vocational training Two year college degree Four year college degree Masters or greater

Race head of household: Native American or Alaskan Native Native Hawaiian or Pacific Islander
 African American Asian White

Head of Household Hispanic/Latino: Yes _____ No _____

SIGNATURE AND RELEASE OF INFORMATION:

If awarded preschool tuition assistance, I understand that it is my responsibility to enroll my child in preschool and pay any registration fees. I will ensure that my child attends preschool on a regular basis and understand that if attendance is not regular, my child's scholarship award will be reevaluated with the possibility of losing this preschool opportunity.

Tuition assistance will pay up to \$150 per month per child. I understand that I may be responsible to pay a portion of the preschool tuition if the full cost is beyond this amount.

Parent Signature: _____ **Date:** _____

MAILING INSTRUCTIONS: Please mail the completed ECI Lakes Region tuition assistance application along with income verification to: **Erin Pingel**, Director: Early Childhood Iowa Lakes Region, PO Box 175, Spirit Lake IA 51360 OR you may email the information ecilakesregion19@gmail.com Any further questions or concerns you may also contact me at 712-229-9159