

Early Childhood North Central Iowa
Tuition Assistance Application
2018 - 2019

Child's Name

Preschool Attending

Child's Age

Child's Date of Birth

Parent's Name and Address (Please include city and zip code)

Parent's e-mail

Daytime Phone #

APPLICATION MUST BE COMPLETE TO QUALIFY

Income Guidelines

Persons in Family Or Household	200% federal poverty level annual income less than
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,480
6	\$67,480
7	\$76,120
8	\$84,640

For each additional person, add \$8,640

I, _____, parent/guardian of _____,
(Parent name) (Child's name)

Certify that my family's **gross income** is \$ _____ per year or

\$ _____ per month. (You may be asked to present verification of your income.)

There are _____ # **people** in my family

MARITAL STATUS HEAD OF HOUSEHOLD:

Married Partnered
 Single Divorced
 Widowed Separated

Education Level Head of Household:

Middle School or lower Some High School
 High School Diploma GED
 Trade or Vocational training 2-Year College Degree
 4-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)

(Date)

Applying does not guarantee funding. Applicants will be notified as to whether or not they have been approved for funding based on their income qualifications and the funding available. Board reserves the right to give partial scholarships when funding is limited. Applications will not be approved until funding is secured from the state.

2018-2019

Release of Information

I, _____, parent of _____,
(Parent name) (Child name)

give my permission to

_____ To
(Print preschool name)

release attendance information to Early Childhood North Central Iowa for the
purposes of verifying my child's continued presence at preschool.

(Signature)

(Date)