



JASPER, MARION & POWESHIEK (JMP)
EARLY CHILDHOOD IOWA AREA
2020-21 PRESCHOOL SCHOLARSHIP APPLICATION

Child Information: To be completed by parent/guardian

Full Name: _____ () Female () Male

Date of Birth: ____/____/____ Age on Sept. 15, 2020: ____ Years ____ Months

Name of preschool that child is or will be attending: _____

Days & Hours per week: _____ Cost per month: _____

Head of Household Ethnicity (circle):

White African American More than one race
 Asian Native American or Alaskan Native
 Hispanic/Latino Native Hawaiian or Pacific Islander

Family Information: To be completed by parent/guardian

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____

Current Household: Number of Adults _____ Number of Children _____ Total _____

Household Marital Status (circle):

Married Single Widowed Partnered
 Divorced Separated

Educational level of head of household (circle):

Middle school or lower Some high school High School diploma
 GED Trade or vocational 2 years of college
 4 years of college Masters or higher

Please let us know if you have applied and or qualified for the following programs:

	<u>Applied</u>		<u>Qualified</u>	
Head Start	Y	N	Y	N
FIP	Y	N	Y	N
WIC	Y	N	Y	N

Income:

What is your household's gross monthly income (before taxes are taken out)? _____
(Include wages, unemployment income, workman's compensation, child support, alimony, social security, other)

What income verification (such tax returns or paycheck stubs) are you providing? _____

By signing the application below you are also authorizing the JMP Director to contact the above organizations to verify qualification for one of the above assistance programs. There may also be an exchange of information among and between the JMP Board and representatives, AEA, the applicable preschool, and the referral source to accommodate the processing of this application for your family. This may contain copies of IEP, social and family history.

Parent/Guardian Signature:

In completing this application and signing it, I verify that the information supplied herein is true, accurate, and complete to the best of my knowledge. I also authorize the Preschool or Center to verify the information on this application, and to release this information to the JMP Early Childhood Area Board when requested. I understand that any amount of tuition scholarship received will go directly to the preschool my child is attending. It is expected that my child's preschool attendance will be 90%. If attendance does not meet 90% and absences are unexcused (examples of excused absence: child illness, family crisis), the preschool program director will meet with the JMP ECI Director about absences. Ongoing attendance issues may result in the loss of my preschool tuition scholarship.

Parent/Guardian Signature _____ Date _____

To Be Filled Out by the Preschool Your Child Will Be Attending:

Preschool Attending: _____

Monthly Tuition Costs: _____ Number of Days Per Week: _____

Completed Applications AND income verification documents (page 1 of your most recent Federal Income Tax Return, last employment check stub, or social security payment stub etc.) should be returned to the address below.

Completion of this application does not guarantee a JMP Preschool Scholarship. You will be notified by early August 2020 if your child will receive a scholarship for the 2020-21 school year.

Thank you for applying and if you have questions about the JMP Preschool Scholarship program please contact Vanessa Doty at vanessa@ahrensfamilyfoundation.org or 641-236-5518.

JMP Early Childhood Area
Attn: Vanessa Doty
PO Box 344
1510 Penrose Street
Grinnell, IA 50112

For JMP Use Only:	_____ Not Approved	_____ Approved	
FPL: $\leq 100\%$	101-150%	151-200%	$> 200\%$