



# Early Childhood Iowa Quality PRESCHOOL Scholarships



## Tell Us About the People in Your Home

If both parents/step-parents or caretakers are in the home, include information for both.

Parent/step-parent or caretaker name	Social Security Number	Phone ( )	Email	
Parent/step-parent or caretaker name	Social Security Number	Phone ( )	Email	
Street	City	State	Zip	

Indicate the race and ethnicity of each child. Your answer will not affect your eligibility. Circle the following codes:

Race of Children:

(Circle all that apply)

Ethnicity:

**W** = White

**B** = Black or African American

**A** = Asian

**I** = American Indian or Alaskan Native

**N** = Native Hawaiian or other Pacific Islander

**H** = Hispanic or Latino

**N** = Not Hispanic or Latino

Indicate Race of HOH:

Race of Head of Household:

Ethnicity:

**W** = White

**B** = Black or African American

**A** = Asian

**I** = American Indian or Native Alaskan

**N** = Native Hawaiian or Pacific Islander

**H** = Hispanic or Latino

**N** = Not Hispanic or Latino

Education of HOH:

Education of Head of Household:

**M** = Middle School or Lower

**S** = Some High School

**H** = High School Diploma

**G** = GED

**T** = Trade or Vocational Training

**A** = Associates Degree

**B** = Bachelor's Degree

**M** = Master's or Higher

List all children 3 – 5 years of age eligible for preschool.

Name (First, Last)	Relationship to you	Country of Birth	Age	Birth Date	Social Security Number	Sex	Race	Ethnicity	U.S. Citizen Yes/No

List ALL people living in your home, including yourself, the child you are applying for, that would be considered part of your immediate family household. This determines your family household size.

Name	Relationship to you	Birth Date	Enter "X" if person attends child care

**Preschool Provider Information**

Provider name		Phone ( )	
Provider is a Level 3 in the Iowa QRS?	<u>YES</u>	<u>NO</u>	<u>Don't Know</u>

**Eligibility for Service**

<b>Parent/Guardian:</b>	<b>Parent/Guardian:</b>
Are you working?                      Yes              No	Are you working?                      Yes              No
How many hours a week?	How many hours a week?
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x-Monthly <input type="checkbox"/> Monthly	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x-Monthly <input type="checkbox"/> Monthly
What is your hourly wage?	What is your hourly wage?
Employer name:	Employer name:
Phone:	Phone:
Are you a student?              Full-time              Part-time	Are you a student?              Full-time              Part-time
School name:	School name:
Have you lost your job in the last six months? Yes Indicate last day of employment: No	Have you lost your job in the last six months? Yes Indicate last day of employment: No
If you lost your job, are you currently seeking work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you lost your job, are you currently seeking work? <input type="checkbox"/> Yes <input type="checkbox"/> No

To determine eligibility for this program, attach your pay stubs from the last 30 days or a letter from your employer stating your wage and the number of hours you work each week. If you are self-employed or un-employed, attach pages 1 and 2 from last year's Federal Income Tax Statement. If you are a student, attach a copy of your class schedule.

**Monthly Family Income**

List your family income below. If you are not the parent/step-parent of the child needing preschool, list only the child's income. Fill this out completely and honestly, or this application may not be processed. The "OTHER" column includes any other income you may receive monthly that is not listed in the other columns. Failure to report such income or any change in income will result in the application being rejected or withdrawn.

Gross Wages (before taxes)	\$	SSI	\$
FIP Benefits	\$	Social Security	\$
Child Support or Alimony	\$	Other	\$

I attest that my reporting of my family's total income above is accurate and understand that any changes during the year need to be reported to the selected provider below and SHIP:

Signature	Date
-----------	------

**RELEASE OF INFORMATION:**

I hereby authorize the following Ida County & Woodbury County offices (SHIP) to release confidential information concerning my personal situation if such information is necessary for me to receive the services I am applying for. I also authorize SHIP to release to the previously named agencies and persons, confidential information if such information is deemed necessary.

Signature	Date
-----------	------

**Do NOT leave any portion of this application blank or it cannot be considered for award.**