Mahaska Wapello Early Childhood IOWA FYE 2025 Quality Preschool Scholarship Program

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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		Phone: (H) (W) (cell)			Emai	Email		
Parent/step-parent or caretaker name		Phone (Phone: (H) (W) (cell) ()		Emai	Email		
Street, City		State		Zip				
List all children 3-5 years of age needing preschool assistance. Indicate the race of each child. Your answer will not affect your eligibility for preschool. Use the following codes: Race: (choose all that apply)								
W = WhiteB = Black or African AmeA = Asian	rican I = American Ind N = Native Hawai Islander							
Name (First, Last)	Relationship to you		В	irth Date	Sex	Race	Needs 3Y or 4Y or PreK Preschool	
List all other people living in your home not listed above.								
Name				Relation	onship to	you	Birth Date	
Preschool Provider Information								
Preschool Name:						Phone		
						()		
Street			City			State	Zip	
Cost per month: Number of Hours: M=T=W=Th=F=								

Parent/Guardian #1:		Parent/Guardian #2:					
Are you working?	o Yes o No	Are you working?	o Yes o No				
How many hours a week?		How many hours a week'	?				
What is your hourly wage?		What is your hourly wage?					
Employer name:		Employer name:	Employer name:				
Employer Phone:		Employer Phone:					
all your pay stubs from the Income Tax Statement (the stating your wage, the nut attach copies only, origing upon review of your applement.	ne last 2 months, Conis is a must for se nis is a must for se nals will not be retu	PR pages 1 and 2 from la If-employment), OR a le I work each week and s	tter from your employe tarting date. Please				
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necessary to verify any information reported in this application.

Mahaska Wapello Early Childhood IOWA School Ready Funds are used to support preschool scholarships and must not supplant state and federal funds. If my income is such that I am eligible for Head Start or the Iowa Voluntary 4 Year Preschool, I must apply for these services and receive a denial letter or be placed on a waiting list before continuing to pursue Mahaska Wapello Early Childhood lowa funding.

RELEASE OF INFORMATION:

I hereby authorize the Mahaska Wapello Early Childhood Iowa Office to release this application and confidential information concerning my personal situation to the MWECI Board of Directors, if such information is necessary for me to receive the services I am applying for. I also authorize Mahaska Wapello Early Childhood Iowa Office to release this application to the previously named agencies and persons, such confidential information if such information is deemed necessary to complete or verify this application. This release is valid until June 30, 2025.

Signature Box:	Date:

Parent Assurances & Demographics Quality Preschool Scholarship Program

- 1. Mahaska Wapello Early Childhood IOWA will pay your preschool provider for preschool expenses set forth in the "Notice of Eligibility."
- 2. Any MWECI Quality Preschool Scholarship may be terminated if the child does not maintain an average of 85% monthly attendance.
- 3. Parents will review and sign the preschool provider's monthly attendance sheet, verifying its accuracy. Parent signatures must be provided on this attendance sheet for payments to be processed and sent to the preschool
- 4. A maximum monthly amount or limit will be established and set forth in the "Notice of Program Eligibility." Any cost incurred above the limit is the responsibility of the parent. Parents will notify MWECI within 10 days, of any changes in family status or income, or name changes.
- 5. The Parent agrees to give the current preschool provider a 2 week notice if the parent needs to make a change in preschool providers.
- 6. This agreement is valid for the FYE2025 grant year (August 15th, 2024 May 31st, 2025). Parents must reapply yearly after August 15th, if future funding is available. Families may be re-evaluated for continuation at some point during the eligibility period.
- 7. Preschool Scholarships can be terminated if agreements are violated, funding is cut, reduced, expended or ceases.

Additional demographic data we are REQUIRED to collect:

Head of household's race/Ethnicity (Please choose the ONE that best describes what you consider yourself to be):						
A. Native American or Alaskan Native		☐ B. Native Hawaiian/Pacific Islanders				
C. African American		☐ D. Asian				
E. White		F. Hispanic/Latino				
Head of household's marital status:						
A. Married	☐ B. Partnered	C. Single				
D. Divorced	E. Widowed	F. Separated				
Head of household's highest level of edu	ucation:					
☐ A. Elementary or middle school or lower		☐ B. Some high school				
C. High school diploma		☐ D. GED				
☐ E. Trade/Vocational Training		F. Some college				
☐ G. 2-year college degree (Associate's)		☐ H. 4-year college degree (Bachelor's)				
☐ I. Master's degree or higher						
Parent Signature		Date				
Please mail OR email: your completed application and supporting income documentation to: Pat McReynolds, Area Director Mahaska Wapello Farly Childhood IOWA						

POB 335, Richland, Iowa 52585 patmcreynolds318@gmail.com