

**CLINTON/JACKSON EARLY CHILDHOOD IOWA**  
**Preschool Scholarship Application**  
**School Year 2010-2011**

The Clinton/Jackson Early Childhood Iowa Board is pleased to offer tuition assistance to families who qualify, based on income level and number of persons in the household. Priority will be given to children who will be 4 years of age by 9-15-10 and who do not reside in a school district covered by the voluntary preschool program. Applications will be accepted for children turning 3 years of age **only after their third birthday**. The family must live or work in Clinton or Jackson County, and the preschool must be located in Clinton or Jackson County. Tuition assistance will be confidential between the preschool coordinator, the preschool and the family. Applications will be accepted after July 1, 2010.

Date of Application \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Boy Girl (Please circle)

Parent Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Number in the Household \_\_\_\_\_

Preschool Desired \_\_\_\_\_

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I authorize the release of pre- and post-testing results to the Clinton/Jackson Early Childhood Iowa Board, and/or their designees, for the purpose of tracking program success.

\_\_\_\_\_  
Signature of Parent or Guardian

**Completed applications are to be mailed to the following:**  
**CLINTON/JACKSON EARLY CHILDHOOD IOWA**  
**PRESCHOOL SCHOLARSHIPS**  
**1900 N 3<sup>RD</sup> ST**  
**PO BOX 2957**  
**CLINTON IA 52733-2957**

- For billing purposes, please notify the Clinton/Jackson Early Childhood Iowa Office if there is any change in your child's preschool status or your income status.
- If you have questions, call Barbara at 563-243-6210, Ext. 613.

CLINTON/JACKSON EARLY CHILDHOOD IOWA  
PRESCHOOL SCHOLARSHIPS  
2010-2011

Persons In Household	Annual Income Head Start Eligibility	Monthly Income Head Start Eligibility	Annual Income Empowerment Eligibility	Monthly Income Empowerment Eligibility
2	\$14,570	\$1215	\$29,140	\$2429
3	\$18,310	\$1526	\$36,620	\$3052
4	\$22,050	\$1838	\$44,100	\$3675
5	\$25,790	\$2150	\$51,580	\$4299
6	\$29,530	\$2461	\$59,060	\$4922
7	\$33,270	\$2773	\$66,540	\$5545
8	\$37,010	\$3085	\$74,020	\$6169

In order to verify income information, you will need to attach a copy of **Page One of your 2008 Federal Income Tax** return. If your income status or family situation has changed, an **Income Verification** form will need to be completed and signed by your employer. A copy of this form is attached.

According to the income guidelines above, have you applied for Head Start? Yes No

If you qualify for Head Start, but your child is not attending, why not? \_\_\_\_\_

Does your family participate in DHS programs such as FIP or Hawk-I? If so, please circle one of the

following: FIP      Hawk-I      Other      **Case Manager's Name** \_\_\_\_\_

To verify your eligibility for the preschool assistance program we ask that you authorize the Clinton/Jackson Early Childhood Iowa office to verify the above information. Please complete the following authorization statement.

I, \_\_\_\_\_, authorize the Clinton/Jackson Early Childhood Iowa office to contact the above organizations to verify that we qualified for assistance as identified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that any amount of preschool scholarship received will go directly to the preschool my child is attending. The preschool will be responsible to submit a quarterly statement and will track your child's attendance. It is expected that your child's preschool attendance will be a minimum of 90%. If attendance does not meet 90% and the absences are unexcused, (examples of excused absence; child illness, family crisis) the preschool provider will talk to you. Ongoing attendance problems may result in the loss of your preschool scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CLINTON/JACKSON EARLY CHILDHOOD IOWA**  
**Preschool Scholarships**

Date \_\_\_\_\_

**INCOME VERIFICATION - TO BE USED ONLY IF INCOME STATUS HAS CHANGED  
SINCE FILING YOUR 2009 FEDERAL INCOME TAX RETURN.**

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Full time or part time: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Wage per hour: \_\_\_\_\_

Is there overtime? \_\_\_\_\_

Date Employee started: \_\_\_\_\_

If this is a food service job, does the employee receive tips? \_\_\_\_\_

Average amount of tips received per week: \_\_\_\_\_

Signature of the Employer or Designee: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to:

CLINTON/JACKSON EARLY CHILDHOOD IOWA  
PRESCHOOL SCHOLARSHIPS  
1900 N 3<sup>RD</sup> ST  
PO BOX 2957  
CLINTON IA 52733-2957