



Partnership 4 Families Preschool Tuition Assistance Application School Year 2010-2011

Partnerships 4 Families (P4F) offers tuition assistance to a family whose child is three or four and is not attending kindergarten, Head Start or a Voluntary Preschool Program. The child must live in Audubon, Carroll, Greene or Guthrie county, must attend a participating preschool and the family's income must lie within the guidelines below. If the preschool's monthly tuition is less than the assistance amount, P4F will pay only the tuition. Tuition assistance will be confidential between P4F, the preschool and the family. Eligibility is based on family income. *Payment of tuition assistance will be made only to families who do not qualify for other financial subsidy programs including but not limited to Head Start, Child Care Assistance under the DHS or other community assistance programs.* Applications are due September 15, 2010 or ASAP. **Funding is available on a first come first served basis. Families Gross Yearly Income must be under 200% FPL to be eligible for P4F Tuition Assistance up to \$100 or the full tuition if under \$100.**

| Persons in family | Head Start Eligible 100%FPL | P4F Tuition Assist. Eligible 200% FPL |
|-------------------|--------------------------------|--|
| 2 | 14,570 | 29,140 |
| 3 | 18,310 | 36,620 |
| 4 | 22,050 | 44,100 |
| 5 | 25,790 | 51,580 |
| 6 | 29,530 | 59,060 |

Income Eligibility Guidelines:

1. Have you applied for the following assistance and did you qualify in the past year?

| | Applied | Qualified |
|---|----------------|------------------|
| Head Start | ___Y ___N | ___Y ___N |
| Housing Assistance – Regional Housing Authority | ___Y ___N | ___Y ___N |
| Heating Assistance - New Opportunities | ___Y ___N | ___Y ___N |
| WIC – New Opportunities | ___Y ___N | ___Y ___N |
| DHS programs (FIP, Hawk-I, etc.) | ___Y ___N | ___Y ___N |
| Free/Reduced Lunch Program | ___Y ___N | ___Y ___N |

To verify your eligibility for the tuition assistance program we ask that you authorize the P4F Coordinator's office to verify the above information. Please complete the following authorization statement.

I, _____, authorize the Partnerships 4 Families Empowerment Coordinator's office to contact the above organizations to verify that we qualified for one of the above assistances.

Signature

Date

2. Please complete the following two (2) questions:

How many persons are currently residing in your home? _____
 What is your household's gross (before taxes) yearly income? _____

INCOME VERIFICATION: If your family has not applied for any of the programs mentioned in question one, please send **a COPY of page one and two of your 2009 Federal Income Tax statement.** Information will be shredded after verification. Information can not be mailed back.

Fill out the back of this form if your family's income is falls within the table above or if you have a special circumstance to be considered.

Please print in black or blue ink

| | |
|---|--|
| Child's Name First Last | Child's Date of Birth |
| Mothers Name First Last | Child's Race |
| Father's Name First Last | Sex of the Child (circle one) Male Female |
| Address of the child's residence | Home Phone with Area Code |
| City State ZIP | Work Phone |
| Insurance: Please check all that cover your child <input type="checkbox"/> Title 19 <input type="checkbox"/> Hawk-I <input type="checkbox"/> Private Insurance <input type="checkbox"/> Not insured | School District you reside in |

Which preschool does your child plan to attend?

Preschool _____ City _____

Teacher _____ Monthly preschool tuition _____

How many days a week will the child attend class? _____ How many hours a week? _____

Does your child also attend another preschool? If so which one _____

I understand that any amount of Tuition Assistance received will go directly to the preschool my child is attending. I agree to pay my child's preschool any remaining amount due for tuition. In April 2011 I will be sent a developmental screening tool that will assess my child's school readiness. I will complete it in a timely manner and return it to Partnerships 4 Families or the preschool.

Parent Signature _____ **Date** _____

Special Circumstances: If there is a special circumstance that we should be aware of please attach a piece of paper with the explanation. The P4F Preschool Committee will take the situation into consideration.

| | | | |
|--|------------------------------------|------------|---------------|
| For Office Use Only | | | |
| Income 200% | Income Verified | Yes | No |
| Monthly Tuition Due Preschool _____ | Preschool is participating in QPPS | Yes | No |
| Monthly Tuition Asst. \$100 or Full Tuition _____ | Yearly Tuition Asst. | _____ | |
| Family's Responsibility To Pay _____ | | | |
| This family has been approved to receive a Preschool Tuition Scholarship effective on: _____ | | | |
| Family was notified of eligibility _____ | | Date _____ | |
| Preschool was notified on _____ | | Date _____ | |
| Coordinator's Signature _____ | | Date _____ | Entered _____ |

**Send completed application by September 15th to: Partnerships 4 Families
Cindy Duhrkopf
PO Box 672
Carroll, IA 51401**