

JASPER, MARION & POWESHIEK (JMP) EARLY CHILDHOOD IOWA AREA 2022-23 PRESCHOOL SCHOLARSHIP APPLICATION

Child Informati	ion: To	be con	pleted	by parent/guardian				
Full Name:						() Female () Male		
Date of Birth:	/	/		Age on Sept. 15, 2022	: Years	Months		
Name of prese	chool th	nat child	is or wi	Il be attending:				
Days & Hours per week:				Cost per month	1:			
Head of Hous	sehold	<u>Ethnici</u>	<u>ty (circ</u>	<u>le</u>):				
White				African American More than one race				
Asian				Native American or Alaskan Native				
Hispanic/Latino				Native Hawaiian or Pacific Islander				
Family Informa	ntion: T	o be co	mpleted	d by parent/guardian				
Parent/Guardian Name:					Phone:			
Address:					City:			
Current House	ehold:	Numb	per of A	dults Number of C	hildren	Total		
Household M	arital S	Status (<u>circle):</u>					
Married		Single	Widowed	Partnered				
Divorced		Separated						
Educational I	<u>evel of</u>	head c	f house	ehold (circle):				
Middle school or lower				come high school High Sc		School diploma		
GED				Trade or vocational	2 years of college			
4 years of college				Masters or higher				
<u>Please let us k</u>	now if y	ou have	applied	l and or qualified for the followir	ng programs:			
Applied Qualifie			<u>Qualifie</u>	<u>ed</u>				
Head Start	Y		Y					
FIP WIC	Y Y	N N	Y Y	N N				
Income:								
What is your h	nouseho	old's gro	ss mon	thly income (before taxes are t	aken out)? _			
-		•		workman's compensation, child s	,	y, 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 C	hild Will Be Atter	nding:			
Preschool Attending:					
Monthly Tuition Costs:	Number of D	ays Per Week:			
Completed Applications AND income ver Tax Return, last employment check stub, address below.					
Completion of this application does not one early August 2022 if your child will receive	<u>e a scholarship f</u>	or the 2022-23 s	chool year.	-	
Thank you for applying and if you have of contact Karie Smith at admin@ahrensfar				ram please	
JMP Early Childhood Area Attn: Karie Smith PO Box 344 1510 Penrose Street Grinnell, IA 50112					
For JMP Use Only:Not	t Approved		Approved		
FPL: <u><</u> 100%	101-150%	151-200%	> 200%		