



Partnership 4 Families Preschool Tuition Assistance Application School Year 2018-2019

Partnerships 4 Families (P4F) offers tuition assistance to a family whose child is three or four and is not attending kindergarten, developmental preschool 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. P4F will pay up to \$125.00 of tuition assistance or if below \$125.00 the maximum tuition charged to a family. Tuition assistance will be confidential between P4F, the preschool and the family. Eligibility is based on family income or special circumstance (must be in writing.). Applications are due September 15, 2018 or ASAP.

# in Family	100% FPL Head Start Eligible	200% FPL P4F Tuition Assistance
2	\$16,460	\$32,920
3	\$20,780	\$41,560
4	\$25,100	\$50,200
5	\$29,240	\$58,480
6	\$33,740	\$67,480
7	\$38,060	\$76,120
8	\$42,380	\$82,640

Income Eligibility Guidelines:

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

	Applied	Qualified
Head Start	___Y ___N	___Y ___N
Is Child Receiving SSI	___Y ___N	___Y ___N
Does any family member receive SSI	___Y ___N	___Y ___N
WIC	___Y ___N	___Y ___N
DHS programs (FIP, SNAP, IA Health Link)	___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 to verify the above information. Please complete the following authorization statement.

I, _____, authorize the Partnerships 4 Families Area Director to contact the above organizations to verify that we qualified for one of the above assistances.

INCOME VERIFICATION:

If your family has not applied for any of the programs mentioned above, please send **a COPY of page one and two of your 2017 Federal Income Tax statement.** Information will be shredded after verification. Information cannot be mailed back.

Signature

Date

Please answer the following questions:

How many persons are currently residing in your home? _____

What is your household's gross (before taxes) yearly income? _____

**Fill out the back of this form if your family's income 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	Child is: Male Female
Address	Home Phone with Area Code
City State ZIP	Cell Phone
Insurance: Please check all that cover your child <input type="checkbox"/> IA Health Link(Medicaid) <input type="checkbox"/> Hawk-I <input type="checkbox"/> Private Insurance	School District child reside in
Marital Status of Childs Parents <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Child's Race
Education Level Head of Household <input type="checkbox"/> Some High School <input type="checkbox"/> Diploma <input type="checkbox"/> 2 yr. college <input type="checkbox"/> 4 yr. college <input type="checkbox"/> Master's degree or higher	Parent's Ethnicity Latino/Hispanic Yes No
Parents Email Address-	

Which preschool does your child plan to attend?

Preschool _____ City _____

Teacher _____ Monthly preschool tuition charged _____

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

I understand that any amount of P4F 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 2019 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 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. Ex multiple births, loss of income, health issues of family members etc.

For Office Use Only	
Income 200% _____	Income Verified Yes No _____
Monthly Tuition Due Preschool _____	Preschool is participating in QPPS Yes No _____
Monthly Tuition Asst. \$125 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
Email Questions to: Cindy Duhrkopf
p4fchildren@gmail.com PO Box 672 Carroll, IA 51401