



CHILD & FAMILY INFORMATION

Name of Child:

Date of Birth:

Parent(s) Name:

Age on Sept 15, 2023:

Street Address:

County of Residence:

City:

Zip Code:

Employer:

Phone:

Work Phone:

HOUSEHOLD INFORMATION

Race of Head of Household:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> African American | <input type="checkbox"/> Multi-Racial |

Ethnicity of Head of Household:

- | | |
|--|--|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Not Hispanic/Latino |
|--|--|

Marital Status of Head of Household:

- | | | |
|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated |

Education Level of Head of Household (select highest level completed):

- | | |
|--|---|
| <input type="checkbox"/> Elementary or middle school | <input type="checkbox"/> Trade or Vocational training |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associate's Degree (2 Year) |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Bachelor's Degree (4 Year) |
| <input type="checkbox"/> GED | <input type="checkbox"/> Master's degree or above |

Household Size:

- | | | |
|----------------------------|----------------------------|---------------------------------------|
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> Other: _____ |

Household Income: _____

**Eligibility is based on your income. Please attach your pay stubs and documentation from other income, such as Child Support or FIP, from the last 30 days, pages 1 and 2 from last year's Federal Income Tax Statement, or a letter from your employer stating your wage and the number of hours you work each week.

I certify that all of the above is true and hereby submit my application.

Parent Signature: _____

Date: _____



Preschool Tuition Assistance Application

2023-2024

PRESCHOOL INFORMATION

Preschool Name:

Cost of Monthly Tuition:

Street Address:

I certify that this child is enrolled in our preschool program.

Preschool Director's Signature: _____

Date: _____

RETURN COMPLETED APPLICATION AND INCOME VERIFICATION TO:

Linking Families and Communities
Attn: Preschool Tuition Assistance Program
822 Central Ave
3rd Floor, Suite 300
Fort Dodge, Iowa 50501
Phone: 515-955-5437
Fax: 515-955-3601

TO QUALIFY FOR ASSISTANCE, THE FOLLOWING CRITERIA MUST BE MET:

- Child is age 3, 4 or 5 by September 15th, 2023;
- Attend a Quality Preschool Program; **AND**
- Completed Preschool Tuition Scholarship Application with income verification.

Linking Families and Communities will pay 100% of the monthly preschool tuition, up to \$150 per month per child, for families that complete an application, have income at or below the amounts listed on the chart below and have met the criteria in the bulleted list above. Those meeting the criteria above with a family income higher than what is listed on the chart below may be awarded partial assistance using a sliding fee scale. Tuition assistance is awarded on a first come/first served basis. Limited funds are available.

Family Size	Maximum per Month (Gross Income)	Maximum per Year (Gross)
2	\$3,286.67	\$39,440.00
3	\$4,143.33	\$49,720.00
4	\$5,000.00	\$60,000.00
5	\$5,856.67	\$70,280.00

Family Size	Maximum per Month (Gross Income)	Maximum per Year (Gross)
6	\$6,713.33	\$80,560.00
7	\$7,570.00	\$90,840.00
8	\$8,426.67	\$101,120.00
9	\$9,283.33	\$111,400.00

OFFICE USE ONLY

Month/Year Scholarship Starts: _____

Scholarship Amount: _____

Approved by: _____

Date: _____