

## Early Learning Scholarship

### Application for Pathway I Early Learning Scholarship

#### What is an Early Learning Scholarship?

A Pathway I Early Learning Scholarship can help you pay for high-quality child care and early education to help your child get ready for school. The scholarship money will be paid directly to the child care or early education program of your choice. A scholarship may be used at a Parent Aware-Rated program. Parent Aware is a rating tool to help parents select high-quality child care and early education programs. [For more information, visit the Parent Aware website, \(parentaware.org\).](http://parentaware.org)

#### Where can my child use a scholarship?

You may use your Pathway I Early Learning Scholarship at any eligible child care or early education program in Minnesota with a Parent Aware Rating. Scholarships must be used at a program your child attends on a regular basis with a maximum of 25 absent days.

You do not have to choose a program when you apply for a scholarship. If you need help choosing a program, please contact your scholarship Area Administrator. If your child is currently attending a program but you would like to explore other options, they can help you with this as well.

Scholarship amounts are based on the Parent Aware rating level of the program you choose.

<i>Parent Aware Program Rating Level</i>	<i>Scholarship Award</i>
Four-Star Parent Aware Rating	Up to \$7,500 per child
Three-Star Parent Aware Rating	Up to \$5,000 per child
One or Two-Star Parent Aware Rating	Up to \$4,000 per child
Currently in a Full-Rating Pathway Cohort	Up to \$3,000 per child

## How do I apply for an Early Learning Scholarship?

To apply for a Pathway I Early Learning Scholarship for your child, follow these steps:

- Complete the application. Information that is required is marked with an asterisk.
- Read and sign the program agreement and consent to release information.
- Mail pages 5-14 of the completed application to your Area Administrator.

## Is My Child Eligible?

To qualify for a Pathway I Early Learning Scholarship, you must be the parent, legal guardian or agency worker of the child(ren) and your family must meet the following requirements.

**Note: Applications for children in foster care must be signed and submitted by the agency worker.**

### 1. Location

You must have a Minnesota home address in order to be eligible for a scholarship.

### 2. Income

Provide proof that your child currently participates in at least one of the following programs:

- Minnesota Family Investment Program (MFIP)
- Child Care Assistance Program (CCAP)
- Free and Reduced-Price Lunch Program (FRLP)
- Child and Adult Care Food Program (CACFP)
- Food Distribution Program on Indian Reservations
- Food Support (SNAP)
- Head Start
- Foster Care

**OR**

To qualify for Early Learning Scholarship, a family must document a family income equal to or less than 185 percent of the federal poverty level.

The chart below is based on FY2017 poverty guidelines published in the Federal Register on January 31, 2017

Family Size	Gross Income	Family Size	Gross Income
2	\$30,044	6	\$60,976
3	\$37,777	7	\$68,709
4	\$45,510	8	\$76,442
5	\$53,243	9	\$84,175

For family units of more than eight members, add \$7,733 for each additional member.

Household members include all people living in the household, related or not (such as grandparents, other relatives or friends) who share income and expenses. The applicant must include themselves and all children who live with them. Households do not include other people who are economically independent, such as a roommate.

**3. Child**

You must be the parent, legal guardian or agency worker and the family must have:

A child who is age 3 or 4 by September 1, 2017, and who is not yet enrolled in kindergarten.

**OR**

A child who is birth to two-years-old and in foster care, in need of child protective services (may require referral), or has experienced homelessness in the last 24 months.

**OR**

A child who is birth-to-two of a parent under the age of 21 who is pursuing a high school or general education equivalency diploma (GED). You must provide written proof that you are pursuing a high school diploma or GED. Written proof means a copy of an official letter (on letterhead) from the organization you are currently attending. Income requirements apply.

**OR**

A younger sibling may be eligible for a scholarship if they attend the same program as their three-to-four year old sibling that has a scholarship as long as funds are available. Sibling is defined as a child who shares one or both parents through blood, marriage or adoption, including siblings as defined by the child’s tribal code or custom.

## Checklist to submit your application

Review the checklist below to make sure you have everything you need for your application:

- Completed all required areas of the scholarship application. The sections marked with an asterisk (\*) are required. All other information is optional.
- Staple all supporting documents to the back of the scholarship application. Supporting documents include:
  - Income verification
  - If applicable, proof of child's participation in one of the listed programs on page 2.
  - If you are under 21 and requesting a scholarship for a child between the ages of birth to two you must provide written proof that you are pursuing a high school diploma or GED. This includes a copy of an official letter (on letterhead) from the organization you are currently attending.
- Carefully read the Agreement and Consent section, including the agreement to comply with program requirements, consent to release information, and agreement to participate in the evaluation.
- Carefully read the Tennessee Warning.
- Initial, sign and date the scholarship application.
- Double-check your scholarship application. Missing items may cause a delay. Keep a copy of the scholarship application and attachments for your own records.

## Submit Your Application

Mail or bring pages 5-14 of the completed application and all other required documents to the Area Administrator at the location listed below. Faxed or emailed applications will not be considered for a scholarship. The Area Administrator will send you a letter to let you know if your child or children qualify for a Pathway I Early Learning Scholarship. If you have questions, contact the Area Administrator.

## Area Administrator Contact Information

### Area Administrator Contact Information



Mindy Hortsch & Amanda Martins

314 10<sup>th</sup> Ave. S, Suite 180 Waite Park, MN 56387

**Mailing: PO Box 548, Waite Park, MN 56387**

Phone: 320.251.5081    800.288.8549

[www.milestonesmn.org](http://www.milestonesmn.org)

# Application for Pathway I Early Learning Scholarship

In completing this application, I attest that all information on this application is true, and all household members' income is reported. I understand that if I purposely give false information, my child may lose the scholarship and I may need to reimburse the state for funds already paid.

\*First Name: \_\_\_\_\_  
\*Last Name: \_\_\_\_\_  
\*Signature: \_\_\_\_\_  
\*Date: \_\_\_\_\_

## Child Information

Complete information for all children included in application for a scholarship who live at the same address. Make copies of this page to add more children. Siblings are children who share one or both parents through blood, marriage or adoption, including siblings as defined by the children's code or custom. If Child Two and/or Three is a sibling who is not yet three-years old by September 1, the child must attend same program as Child One.

### Child One

\*Child's Legal First Name: \_\_\_\_\_  
\*Child's Middle Legal Middle Name (leave blank if none): \_\_\_\_\_  
\*Child's Legal Last Name: \_\_\_\_\_  
\*Child's Date of birth: \_\_\_\_\_  
\*Child's Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female  
Name the Early Learning Program your child is attending (if any): \_\_\_\_\_  
Do you need help choosing a program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Ethnicity (optional – check one): \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino  
Race (optional - check all that apply): \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Pacific Islander or Native Hawaiian \_\_\_\_\_ White \_\_\_\_\_ Other

## Child Two

Child's Legal First Name: \_\_\_\_\_

Child's Middle Legal Name: (leave blank if none) \_\_\_\_\_

Child's Legal Last Name: \_\_\_\_\_

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

Child's Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female

Name the Early Learning Program your child is attending (if any): \_\_\_\_\_

Do you need help choosing a program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnicity (optional – check one): \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino

Race (optional - check all that apply): \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Black or African American \_\_\_\_\_ Pacific Islander or Native Hawaiian \_\_\_\_\_ White \_\_\_\_\_ Other

Is this child currently enrolled and attending the same program as child one?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## Child Three

Child's Legal First Name: \_\_\_\_\_

Child's Middle Legal Name: (leave blank if none) \_\_\_\_\_

Child's Legal Last Name: \_\_\_\_\_

Child's Date of birth: \_\_\_\_\_

Child's Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female

Name the Early Learning Program your child is attending (if any): \_\_\_\_\_

Do you need help choosing a program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnicity (optional – check one): \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino

Race (optional - check all that apply): \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Black or African American \_\_\_\_\_ Pacific Islander or Native Hawaiian \_\_\_\_\_ White \_\_\_\_\_ Other

Is this child currently enrolled and attending the same program as child one?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## Optional Consent to Release Information and Participate In an Evaluation

Please check to confirm that you have read and agree to the following. (This consent is optional and is not required to receive a scholarship).

\_\_\_\_\_ Scholarship/Area Administrator or MDE may share information from my application, my child's eligibility for and amount of any Early Learning Scholarship, and the program where I use my scholarship, with MDE-authorized program evaluators for purposes of analyzing how funds are spent, how families are informed about the program, the program's impact on child development or school readiness, the quality of early learning programs where scholarships are used, and other evaluations deemed relevant by MDE. No public report will include specific identifying information about any individual child.

## Family Income Information

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

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Does your family currently, or at any time in the past 24 months, reside in any of the following due to economic hardship or a loss of housing? Check any that apply.

\_\_\_\_\_ Shelter

\_\_\_\_\_ Moving from place to place

\_\_\_\_\_ Doubling up temporarily with other family or friends

\_\_\_\_\_ Car, outside, public space, hotel, or motel

### Important - Before you Begin this Section:

If you indicate that you are participating in one of the public programs listed under "OPTION 1," you must attach the required documents that demonstrate participation in a publicly funded program. For example, a copy of an official letter or authorization from the public program.

If you elect to validate your income eligibility by completing "OPTION 2," you must attach the required documents that demonstrates valid proof of income. For example, a recent tax form, W-2 form, two most recent pay stubs, a financial aid statement, or a document from an employer on company letterhead.

**OPTION 1** - Do you already receive one of the programs listed below? If yes, check one.

\_\_\_\_\_ Minnesota Family Investment Program (MFIP)

\_\_\_\_\_ Child Care Assistance Program (CCAP)

\_\_\_\_\_ Child and Adult Care Food Program (CACFP) by family income

\_\_\_\_\_ Free and Reduced-Price Lunch Program (FRPL)

\_\_\_\_\_ Food Support (SNAP)

\_\_\_\_\_ Head Start

\_\_\_\_\_ Food Distribution Program on Indian Reservations

\_\_\_\_\_ Foster Care

**IF YOU CHECKED ANY BOXES ABOVE FOR OPTION 1 AND CAN PROVIDE DOCUMENTATION, THEN GO TO PAGE 10.**

**OPTION 2** - Use this option ONLY if your children are NOT participating in one of the programs listed in **OPTION 1** above.

**STEP A** - List all infants, children, and students through grade 12 in the household, even if they are not related. Attach an additional page if necessary. Total number of children: \_\_\_\_\_

First Name	Last Name	Age	CCAP ID (if applicable)	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle
				O
				O
				O
				O
				O



**OPTION 2 - Step B** List all adult household members including yourself and report all incomes. (Skip Steps A and B if you checked a box in Option 1.)  
 Total number of adults: .

<b>Adults - Full Name</b>  For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related."  List the full name of each household member not listed in Step A and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of income to report. Include any college students temporarily away from home.	<b>Gross Pay from Work</b>  <i>Do not write in an hourly wage.</i>				<b>Farm or Self-Employment</b>	<b>Public Assistance, Child Support, Alimony</b>				<b>All Other Incomes</b>						
	Gross pay before deductions  (Not take-home pay). (\$)  Weekly Bi-Weekly 2x Month Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Net Income after business expenses.  State if annual or monthly. (\$)	Payments received. (\$)  Weekly Bi-Weekly 2x Month Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc. (\$)	Weekly	Bi-Weekly	2x Month	Monthly
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**OPTION 2 - Step C Proof of Income.** Attach proof of all income for each household member listed in the table above. Acceptable proof of income includes a recent tax form, W-2 form, two most recent pay stubs, financial aid statement, or a statement from an employer on company letterhead.

## Parent/Legal Guardian Information

Complete the information on this page if you are the parent or legal guardian of the child applying for a Pathway I Early Learning Scholarship. Note: If the child is in foster care, please list the name and address of the agency overseeing the foster care placement in the "Home Address" section below.

\*Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Legal Last Name: \_\_\_\_\_ County: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth (if under 21) (MM/DD/YYYY) \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child:  Mother  Father  Agency worker  Other

**What is the highest level of education you have completed? Check one:**

Less than high school  High school or GED  Some college, no degree  College degree or more

**What is your current employment status? Check one:**

Employed full-time (at least 25 hours/week)  Employed part-time (less than 25 hours/week)

Unemployed, seeking employment  Unemployed, not seeking employment

**What language does your family speak most at home?**

English  Spanish  Somali  Hmong  Vietnamese Other: \_\_\_\_\_

**Do you need an interpreter?**  Yes  No

Is there another adult you want to list on this award form? If there are two legal parents/guardians in the household, the second parent should be listed. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Agreement to Comply with Requirements

Please initial each item below to confirm that you have read and agree to or understand the requirements. All items must be initialed in order to qualify for an Early Learning Scholarship.

\_\_\_\_\_ My 3- to 5-year-old must complete an Early Childhood or preschool screening within 90 calendar days of receiving or starting a program using a scholarship. I understand screening is not required for children younger than 3 years old, unless the child turns 3 while receiving the scholarship. In order to verify screening has taken place, select one of the two choices below:

\_\_\_\_\_ The Scholarship/Area Administrator has my permission to contact the residential school district office of the child to validate the screening location and date.

According to my records, my child's screening was completed at:

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ My child will remain eligible to receive a scholarship until he/she is age-eligible for kindergarten, as long as state funding is available. (No child may be awarded more than one scholarship in a 12-month period.)

\_\_\_\_\_ I will notify the Scholarship/Area Administrator when my child stops attending the program where we are using a scholarship and will comply with the required notification period per contract/agreement with the program.

\_\_\_\_\_ I will notify the Scholarship/Area Administrator if I move.

\_\_\_\_\_ My child must be enrolled in a participating Parent Aware program within 10 months of being awarded an Early Learning Scholarship or scholarship will be canceled.

\_\_\_\_\_ If my Provider is no longer participating in Parent Aware, I may not be able to continue to use the Early Learning Scholarship for that program. If this happens, the Scholarship/Area Administrator can help me choose a new program.

## REQUIRED Consent to Release Information

You must consent to all five of the following statements in order to participate in the scholarship program. Please initial each one to confirm that you have read and agree with each statement.

\_\_\_\_\_ The information on this application is true, and all household members' income is reported. I understand that if I purposely give false information, my child may lose the scholarship and I may need to reimburse the state for funds already paid.

\_\_\_\_\_ The Scholarship/Area Administrator may share my child/child's name, address, date of birth and gender, and my name and address as listed on the application, as well as any scholarship amount my child is

deemed eligible for and the award date, with the Provider. This is needed to ensure accuracy between the scholarship application and enrollment form and information retained by the program.

\_\_\_\_\_ The Scholarship/Area Administrator may share my child/child's name, address, date of birth and gender, and my name and address as listed on the application with: (1) my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Scholarship/Area Administrator, and (2) the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.

\_\_\_\_\_ The Minnesota Department of Education may share information about me and my child/children's eligibility for and use of scholarships with other governmental agencies and programs including, but not limited to: the Child Care Assistance Program (CCAP), Foster Care, MFIP, SNAP, Head Start, free and reduced-price lunch, and the Child and Adult Care Food Program. These agencies can also share information about me and my child's eligibility for and use of assistance with the Minnesota Department of Education. This information may be used to verify my family's income eligibility for scholarships and to monitor the use of scholarships and other public assistance programs. I understand that consent to share my information remains in effect for six months after my scholarship ends.

\_\_\_\_\_ Scholarship/Area Administrator may share information from this application with MDE including my name and address; demographic information; parent education; income information; my child's eligibility for and the amount of any Early Learning Scholarship; the program where I am using my scholarship; my child's SSID number; and whether or not I have complied with program requirements. This information is required to review eligibility, program implementation, and is necessary to comply with the state law authorizing the program.

*Note: I do not have to consent to sharing my information, but if I choose not to, I understand my child/children will not be able to participate in the Early Learning Scholarship Program. Information to be released does not include supporting documents attached to this application.*

## **Tennessee Warning from the Minnesota Department of Education**

### **What Information are we requesting?**

We are requesting all information on the Pathway I Early Learning Scholarships program application, some of which may be considered private data under Minnesota law.

### **Why do we ask you for this Information?**

Information on this application is required to apply for an Early Learning Scholarship. We will use the information collected here, and any additional related information, to determine eligibility for funding. This information is necessary to comply with the state law authorizing the program.

### **Am I required to provide this data?**

There is no legal obligation for you to provide the data requested; however, without it, we cannot determine your child's eligibility and your child will not receive a scholarship.

### **Who else may see this information?**

As described, consent is needed to share your information with the Provider that you choose, your resident school district, and the Minnesota Department of Education. If you provide your optional consent, a third-party entity will make use of your information when evaluating the effectiveness of the scholarship program for the state. All of these entities, including the evaluator, are bound by Minnesota's data practices and privacy laws and will not share your private data except as described here and in the consent. The evaluator must not share your data with anyone except MDE.

We may also give the data you have provided to the Legislative Auditor, the Minnesota Department of Human Services, and/or other agencies with the legal authority to access the information, or anyone authorized by a court order.

### **How else may this information be used?**

We may use or release this information only as stated in this notice, unless you give us your written permission to release the information for another purpose or to another individual or entity. The information may be used for another purpose if the U.S. Congress or the Minnesota Legislature passes a law allowing or requiring other uses.

### **How long will my data be kept?**

Your data will be kept for a minimum of seven years.

**AGREEMENT AND CONSENT: SIGNATURE REQUIRED**

By signing below, I agree to the program requirements and/or release of information, and agree that I have read and understand the above Tennessee Warning.

\*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

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

Foster Care Agency Name (if applicable): \_\_\_\_\_

Child/Child’s Resident School District (ONLY if the child is in foster care):  
\_\_\_\_\_

For a child in need of Protective Services, list referring staff: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**For Administrator use only:**

Program name: \_\_\_\_\_

Award start date: \_\_\_\_\_

Award amount: \_\_\_\_\_

Program start date: \_\_\_\_\_

**Area Administrator Contact Information**



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