

SUPPLEMENTAL INFORMATION EARLY LEARNING SCHOLARSHIP

SUPPLEMENTAL INFORMATION: APPLICATION FOR PATHWAY I - EARLY LEARNING SCHOLARSHIPS

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 program participating in Parent Aware, which is a rating tool to help parents select high-quality child care and early education programs. For more information about Parent Aware, go to <http://www.parentawareratings.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 participating in Parent Aware.

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 Regional Administrator listed below. 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. The chart below shows the scholarship amount based on the rating level:

Parent Aware Program Rating Level	Scholarship Award
Three or Four-Star Parent Aware Rating	Up to \$5,000 per child
One or Two-Star Parent Aware Rating	Up to \$4,000 per child
Signed up for Parent Aware, but has not received a Star Rating	Up to \$3,000 per child

HOW DO I APPLY?

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

- Complete the information on pages 1-3. Information that is required is marked with an asterisk.
- Read and sign the program agreement and consent to release information on pages 4-5.
- Mail the completed application (pages 1-5) to the Regional Administrator in your area.

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:

LOCATION

You must live in **one** of these Minnesota counties:

Aitkin	Cass	Freeborn	Lac Qui	Mille Lacs	Pine	Sherburne	Winona
Anoka	Carver	Hennepin	Parle	Morrison	Polk	Stearns	Wright
Becker	Clearwater	Hubbard	Lincoln	Mower	Ramsey	Swift	Yellow Medicine
Beltrami	Chippewa	Isanti	Lyon	Nicollet	Red Lake	Todd	
Benton	Cottonwood	Itasca	Mahnomen	Nobles	Renville	Wadena	
Blue Earth	Crow Wing	Kanabec	Marshall	Norman	Rice	Washington	
Brown	Dakota	Kandiyohi	Martin	Olmsted	Saint Louis	Watonwan	
Carlton	Douglas		Meeker	Ottertail	Scott	Wilkin	

INCOME

You must provide proof that:

Your child currently participates in 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 >

Your family's income is equal to or less than 185% of the federal poverty level in the current calendar year. The chart below based on FY2014 poverty guidelines published in the Federal Register on March 5, 2014:

Family Size	Gross Income	Family Size	Gross Income
2	\$29,101	6	\$59,145
3	\$36,612	7	\$66,656
4	\$44,123	8	\$74,167
5	\$51,634	9*	\$81,678

For family units of more than eight members, add \$7511 for each *additional* member.

*See Family Size of 9 as an example.

CHILD

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

- A child who is age three or four by September 1, 2014, and who is not yet eligible for kindergarten.

OR

- A parent under the age of 21, who is pursuing a high school or general education equivalency diploma (GED), and who has a child age birth through age two. 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 (on their letterhead) you are currently attending.
- A younger sibling may be eligible for a scholarship if they attend the same program as their three or four-year old sibling that has a scholarship. (*"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:
 - Proof of child's participation in a program listed on page 3.
 - OR
 - Proof of income.
 - If you are under 21 and requesting a scholarship for a child ages birth through age two:
 - Written proof that you are pursuing a high school diploma or GED – 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 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 the completed application and all other required documents to the Regional Administrator at the location listed below. Faxed or emailed applications will not be considered for a scholarship. The Regional 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 Regional Administrator.

REGIONAL ADMINISTRATOR



Early Learning Scholarship
Think Small
10 Yorkton Court
St Paul, MN 55117

DATA SHARING CONSENT

To approve your application and process your scholarship, we must share certain information you provide to us with other entities:

Who	What	Why	Required/ Optional
Child care / early education program where child is enrolled.	Child's name, address, demographic, parent education, and income information from application, eligibility for and the amount of any Early Learning Scholarship awarded.	To allow the scholarship to be paid to a child care or early education program on child's behalf.	Required Consent
Child's local school district	Child's name, address, date of birth, gender, as well as parent/ guardian's name & address as listed on application.	To assign child a unique Statewide Student Identification (SSID) number that will be used by the Regional Administrator and the Minnesota Department of Education (MDE) to identify child and validate scholarship payments.	Required Consent
Minnesota Department of Education (MDE)	Child's name, address, demographic, parent education, and income information from scholarship application, child's eligibility for and amount of Early Learning Scholarship award, Parent-Aware rated program where child is enrolled, child's SSID number, and compliance with program requirements.	To determine child's eligibility for Pathway I - Early Learning Scholarship and to manage statewide scholarship program.	Required Consent
Scholarship Program Evaluator	Information from child's Pathway I - Early Learning Scholarship application, child's eligibility for and the amount of Early Learning Scholarship award, and the program where child is enrolled. (No public report will include specific identifying information about any individual child.)	To analyze how scholarship funds are spent, how families are informed about the scholarship program, and the program's impact on child development or school readiness.	Optional Consent

- All entities are bound by Minnesota's data practices and privacy laws when working with any information shared through this program.
- Information to be released does not include supporting documents attached to application.

Required Consent: I do not have to consent to this sharing of my information, but if I choose not to, I understand that my child/children will not be able to participate in the Pathway I - Early Learning Scholarship Program.

Optional Consent: Refusal to consent to participate in the evaluation does not impact my eligibility to receive a Pathway I - Early Learning Scholarship.

EARLY LEARNING SCHOLARSHIP

APPLICATION FOR PATHWAY I - EARLY LEARNING SCHOLARSHIPS

CHILD INFORMATION (Children Applying to Receive a Scholarship)

List all children applying for a scholarship who live at the same address. Make copies of this page to include additional children. * Indicates required field.

CHILD ONE

*LEGAL FIRST NAME:	*MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):	*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY (Check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
RACE (Optional - Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/ Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other		
WHAT PROGRAM IS YOUR CHILD ENROLLED IN NOW? (if any)		PROGRAM PHONE NUMBER:
DO YOU NEED HELP CHOOSING A PROGRAM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHILD TWO

*LEGAL FIRST NAME:	*MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):	*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY (Check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
RACE (Optional – Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/ Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other		
IS THIS CHILD ENROLLED IN THE SAME PROGRAM AS CHILD ONE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHILD THREE

*LEGAL FIRST NAME:	*MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):	*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	ETHNICITY (Check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
RACE (Optional – Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander/ Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other		
IS THIS CHILD ENROLLED IN THE SAME PROGRAM AS CHILD ONE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PARENT / LEGAL GUARDIAN INFORMATION

In order to fill out this application, you must be the parent or legal guardian of the children 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:
RELATIONSHIP TO CHILD: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Agency Worker <input type="checkbox"/> Other:		
*HOME ADDRESS:	*CITY:	*ZIP CODE:
MAILING ADDRESS (if different from home address):	CITY:	ZIP CODE:
*DATE OF BIRTH (if under 21):	*COUNTY:	
*PHONE NUMBER:	OTHER PHONE NUMBER:	
EMAIL ADDRESS:		

EDUCATION INFORMATION

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

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

EMPLOYMENT INFORMATION

What is your current employment status? Check one:

- Employed Full Time (at least 25 hrs/wk) Unemployed, seeking employment
 Employed Part Time (less than 25 hrs/wk) Unemployed, not seeking employment

ADDITIONAL INFORMATION

What language does your family speak most often at home? Check one:

- English Spanish Somali Hmong Vietnamese
 Other:

Do you need an interpreter? Yes No

Is there another adult you want to list on this application? By listing this person, you give your consent for the Regional Administrator to contact them to discuss the information on this application.

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE NUMBER:		RELATIONSHIP TO YOU:

FAMILY INCOME INFORMATION

OPTION ONE: DO YOU ALREADY RECEIVE ONE OF THE PROGRAMS LISTED BELOW?

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

If your child participates in one of these programs, provide an official letter from the program (on their letterhead) confirming the child's participation.

IF YOU SAID "YES" TO OPTION ONE, SKIP TO PAGE 4

OPTION TWO: IF YOU SAID "NO" TO OPTION TWO, COMPLETE TABLES BELOW

Only use this option **ONLY** if your children are **NOT** currently participating in one of the programs listed in Option One above.

List all sources of income in the tables below. Include all children and adults living in your household, even if they are not related; include yourself; include a household member who is temporarily away, such as a college student. Write in how often each income is received: weekly (W), biweekly (BW), twice per month (TM), monthly (M), or yearly (Y). **Do not write in an hourly wage.** If the income fluctuates, write in the amount normally received. For farm or self-employment income only, list net income (take-home pay).

Step 1. List all children in your household.

First Name	Last Name	Age	Regular income received for this child (e.g., Social Security Income)
			\$ per
			\$ per
			\$ per

Step 2. List all adults in your household, related or not.

First Name	Last Name	√ if No Income	Gross Wages/Salaries (before deductions)	Pension, SSI, Retirement, Social Security	Public Assistance, Child Support, Alimony	Unemployment, Worker's Comp, Strike Benefits	Other Income, including net Farm/Self-Employment
			\$ per	\$ per	\$ per	\$ per	\$ per
			\$ per	\$ per	\$ per	\$ per	\$ per
			\$ per	\$ per	\$ per	\$ per	\$ per

Step 3. 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, a financial aid statement, or a statement from an employer on company letterhead.

AGREEMENT AND CONSENT

AGREEMENT TO COMPLY WITH REQUIREMENTS

Please initial each item below to confirm that you have read and agree to the requirements.

All items must be initialed in order to qualify for an Early Learning Scholarship.

- _____ My three- to five-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 three years old, unless the child turns three while receiving the scholarship. ***How will you verify screening has taken place? (choose one of the two options below):***
- _____ Regional Administrator will contact the school district office to validate the screening location and date.
- _____ My child's screening was completed at: _____ (location) on _____ (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 Regional Administrator when my child stops attending the program where we are using a scholarship.
- _____ I will notify the Regional 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 Regional Administrator can help me choose a new program.
- _____ 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.

REQUIRED CONSENT TO RELEASE INFORMATION

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

- _____ Regional Administrator may share information from this application, as well as any scholarship amount my child is deemed eligible for, with the Provider.
- _____ Regional Administrator may share my child/children's name, address, date of birth and gender, and my name and address as listed on the application with my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Regional Administrator and the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- _____ Regional Administrator may share this information with MDE: 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.

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

OPTIONAL CONSENT TO RELEASE INFORMATION AND PARTICIPATE IN AN EVALUATION

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

- _____ Regional Administrator 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 the Scholarship Program Evaluator for purposes of analyzing how funds are spent, how families are informed about the program, and the program's impact on child development or school readiness. No public report will include specific identifying information about any individual child.

TENNESSEN 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 the Pathway I - Early Learning Scholarships program. We will use the information collected here, and any additional related information, to determine eligibility for the program. 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?

You need to consent to us sharing 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 evaluate the effectiveness of the scholarship program for us. The evaluator is bound by Minnesota's data practices and privacy laws and must not share your data with anyone except MDE.

We may also give the data you've 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 it.

How long will my data be kept?

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

SIGNATURE

By initialing one or more of the items in the Agreement and Consent section above, I agree to the program requirements and/or release of information, and agree that I have read and understand the above Tennessee Warning.

SIGNATURE OF PARENT, LEGAL GUARDIAN OR FOSTER CARE AGENCY REPRESENTATIVE:

DATE:

FIRST NAME (print):

LAST NAME (print):

FOSTER CARE AGENCY NAME (if applicable):

REGIONAL ADMINISTRATOR

Mail completed application form and verification or supporting documents to:



Early Learning Scholarships
Think Small
10 Yorkton Court
St Paul, MN 55117

If you have questions, please contact us at 651-641-6604 or 855-898-4465 or scholarships@thinksmall.org