

# EARLY LEARNING SCHOLARSHIP

## APPLICATION FOR PATHWAY I - EARLY LEARNING SCHOLARSHIP

### CHILD INFORMATION (CHILDREN APPLYING FOR SCHOLARSHIP)

Complete tables below for all children applying 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 child's tribal code or custom.

#### CHILD ONE

*LEGAL FIRST NAME:	*LEGAL MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):		*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>RACE (Optional – Check all that apply):</b> <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		<b>ETHNICITY (Check one):</b> <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino
Name the Early Learning Program your child is enrolled in now? (if any):		Early Learning Program Phone Number:
Do you need help choosing a program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this child currently In Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### CHILD TWO (Younger sibling must attend same program as a 3- or 4-year old sibling.)

*LEGAL FIRST NAME:	*LEGAL MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):		*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>RACE (Optional – Check all that apply):</b> <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		<b>ETHNICITY (Check one):</b> <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino
Is this child currently enrolled in the same Early Learning Program as CHILD ONE? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this child currently In Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### CHILD THREE (Younger sibling must attend same program as a 3- or 4-year old sibling.)

*LEGAL FIRST NAME:	*LEGAL MIDDLE NAME ("N/A" if none):	*LEGAL LAST NAME:
*BIRTHDATE (MM/DD/YYYY):		*GENDER (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>RACE (Optional – Check all that apply):</b> <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other		<b>ETHNICITY (Check one):</b> <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino
Is this child currently enrolled in the same Early Learning Program as CHILD ONE and CHILD TWO? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this child currently In Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No

## 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:
*RELATIONSHIP TO CHILD: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Agency <input type="checkbox"/> 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) (MM/DD/YYYY):	*COUNTY:	
*PHONE NUMBER:	OTHER PHONE NUMBER:	
EMAIL ADDRESS:		

### RESIDENTIAL STATUS

Is your family currently residing in any of the following? Check any that apply.

- Shelter  Doubling up temporarily with other family or friends due to economic hardship  
 Car, outside, public space, hotel, or motel due to lack of accommodation

### EDUCATION INFORMATION

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

### EMPLOYMENT INFORMATION

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

### ADDITIONAL INFORMATION

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? (By listing this person, you give your consent for the Regional Administrator to contact this adult to discuss the information on this award form.)

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

## FAMILY INCOME INFORMATION

### IMPORTANT - BEFORE YOU BEGIN THIS SECTION –

- If you indicate you are participating in one of the public program listed under “OPTION 1” - YOU MUST ATTACH TO THIS FORM THE REQUIRED DOCUMENTS THAT DEMONSTRATES PARTICIPATION IN A PUBLICLY FUNDED PROGRAM (i.e. a copy of an official letter or authorization form from the public program).
- If you elect to validate your income eligibility by completing “OPTION 2” - YOU MUST ATTACH TO THIS FORM THE REQUIRED DOCUMENTS THAT DEMONSTRATIONS VALID PROOF OF INCOME (i.e., a recent tax form, W-2 form, two most recent pay stubs, a financial aid statement/document, or a document from an employer on company letterhead).

### OPTION 1: DO YOU ALREADY RECEIVE ONE OF THE PROGRAMS LISTED BELOW?

- |  |   |
|--|---|
| <input type="checkbox"/> Minnesota Family Investment Program (MFIP)<br><input type="checkbox"/> Child Care Assistance Program (CCAP)<br><input type="checkbox"/> Food Support (SNAP)<br><input type="checkbox"/> Free and Reduced-Price Lunch Program (FRLP) | <input type="checkbox"/> Child and Adult Care Food Program (CACFP) by family income<br><input type="checkbox"/> Head Start<br><input type="checkbox"/> Food Distribution Program on Indian Reservations<br><input type="checkbox"/> Foster Care |
|--|---|

**IF YOU CHECKED ANY BOXES ABOVE FOR OPTION 1 AND CAN PROVIDE DOCUMENTATION, THEN GO TO PAGE 5.**

### OPTION 2: IF YOU OPTED TO VALIDATE YOUR INCOME ELIGIBILITY, THEN COMPLETE SECTION BELOW:

**Step A. List all children in your household. Total Children \_\_\_\_\_**

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

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

**Step B. List all adults in your household, related or not. Total Adults \_\_\_\_\_**

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 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, 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 and will comply with the required notification period per contract/agreement with the program.
- \_\_\_\_\_ 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. Effective July 1, 2016, programs must have a rating of 3 or 4 stars to be eligible to receive scholarships.
- \_\_\_\_\_ If my Provider is no longer participating in Parent Aware, or does not receive a rating of 3 or 4 stars by July 1, 2016, 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 my child/children'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.
- \_\_\_\_\_ 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 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.

***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 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, and 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.

## 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.

### AGREEMENT AND CONSENT: SIGNATURE REQUIRED

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 Tennesen Warning.

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

DATE:

FIRST NAME (print):

LAST NAME (print):

FOSTER CARE AGENCY NAME (if applicable):

CHILD (RENS) RESIDENT SCHOOL DISTRICT (ONLY IF CHILD IS IN FOSTER CARE):

### REGIONAL ADMINISTRATOR

Mail completed Pathway I scholarship application and REQUIRED documents (as indicated at the top of page 3) 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 [schoalrships@thinksmall.org](mailto:schoalrships@thinksmall.org)