



Kindergarten Prep Scholarship Application

August 28, 2017 – May 11, 2018

Child's Name: _____ Child's Last 4 SSN#: _____
(First – Middle – Last Name required)
__Female __Male IEP: __No __Yes-Disability _____

Child's Birth – Date: _____ **City:** _____ **State:** _____
NEW: Child MUST be 4 years old by Sept. 30, 2017 to be eligible. This change was made by the state.

Race/Ethnicity: __Black, Non-Hispanic __White, Non-Hispanic __Hispanic __Multiracial
__American Indian or Alaskan Native __Native Hawaiian or other Pacific Islander __Asian or Pacific Islander

Native Language: __English __Spanish __Other: _____ Limited English: __No __Yes

Parent/Guardian Name: _____ **Phone:** _____
Mother's Maiden Name: _____ **Parent's Last 4 SSN#:** _____

School District of Residence: __Dayton City Schools __Fairborn City Schools
__Other: _____
(Priority will be given to children in Dayton or Fairborn.)

County of Residence: __Montgomery __Greene Other: _____
Child's Date of Residence in this County: _____ *(could be child's birth date)*

Center: __Miami Valley Hospital Child Care & Preschool
__Montgomery County's Mini University
__Wright State University Child Development Center

Part I: Authorization and Release of Information

I authorize Mini University, Inc. to receive the following financial information and to obtain verification of this information and employment verification from other sources for the sole purpose of determining my family's eligibility for a Kindergarten Prep Scholarship. This authorization shall remain in effect for sixty (60) days from the date of my signature unless otherwise stated. I also understand that except to the extent that action has been taken based on my authorization, I may withdraw this authorization at any time by written notification to the parties involved.

Expiration Date _____ Signature _____ Date _____

Signature of Witness _____ Date _____

Part II. Family Financial Information

Number of Family Members _____

Earned Income:

Occupation _____ Employer _____ Annual Earnings \$ _____

Occupation _____ Employer _____ Annual Earnings \$ _____

Other Income:

Welfare \$ _____ Social Security \$ _____ Disability Income \$ _____
Gifts \$ _____ Interest Income \$ _____ Other \$ _____

Kindergarten Prep Scholarships are part time preschool scholarships, funded through the Ohio Department of Education Early Childhood Education Expansion Grant, awarded to Mini University for State Fiscal Year 2018.

Total Annual Family Income must be below 200% of the 2017 Federal Poverty Guidelines to be eligible for a Kindergarten Prep Scholarship.

Household Size	200%
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,289
8	\$82,640

Part III. Family Financial Information Verification

I am currently authorized for FT PT Publicly Funded Child Care. No Yes

If **YES** and you have a \$0 copay, your family's eligibility has been verified by JFS. **Skip to Part IV** and return this application and a copy of the **child's birth certificate** to Mini University. If you have a copay above \$0 submit the documents below.

If **NO**, please **submit the following documents** to verify financial information. Submitting this information in a timely manner will provide Mini University the opportunity to process your application quickly.

Completed Kindergarten Prep Scholarship Application (this form)

Copy of child's birth certificate

One of the following:

1. Copies of most recent payroll stubs from child's parents/guardians
2. Complete and signed copies of most recent filed Federal income tax return
3. Statements from employers or other type of income

Part IV. Statement of Certification and Understanding

I certify the information provided on this application is complete and accurate. I understand the information provided will be used solely to determine eligibility for a Kindergarten Prep Scholarship.

Signature _____ Date _____

Please return this application and all financial documentation to Mini University. If you have any questions, please contact Bess John at 937.426.1414.

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For Office Use Only

Total Family Annual Income \$ _____	
Federal Poverty Level: <input type="checkbox"/> 0-100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175% <input type="checkbox"/> 176-185% <input type="checkbox"/> 186-200% <input type="checkbox"/> 201%+ (INELIGIBLE)	
Date verified:	Verified by:
Comments:	

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