



# Kindergarten Prep Scholarship Application

August 13, 2018 – May 24, 2019

**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, 2018 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  
\_\_Sinclair ECEC \_\_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 \$ \_\_\_\_\_

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### 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 2019.

Total Annual Family Income must be below 200% of the 2018 Federal Poverty Guidelines to be eligible for a Kindergarten Prep Scholarship.

Household Size	200%
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

### 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 \$ _____	
<b>Federal Poverty Level:</b> <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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