



ECE Application Up to \$430/month awarded for July 1, 2024 – June 30, 2025

Child's Schedule: 5 Full Days 5 Half Days AM 2.5 hr. Days (8:30-11:00AM)

WSU Sinclair Hope Center for Families Miami

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: _____
Child MUST be 3 years old and not eligible for Kindergarten.

Eligibility: Child on an IEP or Financial Need

A child who is at least 3 years old is eligible if the child is on an IEP or the total Annual Family Income is below 200% of the 2024 Federal Poverty Guidelines. Select the Box next to your Household Size. Does your family fall at or below the Annual Income based on your Household Size?

| Household Size | 200% | Yes | No |
|----------------|------------|-----|----|
| 2 | \$40,880 | | |
| 3 | \$ 51,640 | | |
| 4 | \$ 62,400 | | |
| 5 | \$ 73,160 | | |
| 6 | \$ 83,920 | | |
| 7 | \$ 94,680 | | |
| 8 | \$ 105,440 | | |

If you answered No beside your household size, no other information is required, unless your child has an IEP.

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 Talawanda
 Other: _____
(Priority will be given to children in Dayton or Fairborn.)

County of Residence: Montgomery Greene Butler Other: _____

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

Family Financial Information (required unless over income)

ECE Grants are part time preschool scholarships, funded through the Ohio Department of Education Early Childhood Education Grant, awarded to Mini University.

Total Gross Annual Income (before withholdings) \$ _____

Gross Income reported on Paystub #1: ___ weekly ___ bi-weekly \$ _____

Gross income reported on Paystub #2: ___ weekly ___ bi-weekly \$ _____
(Copy of 2 consecutive paystubs required.)

Authorization and Release of Information

I authorize Mini University, Inc. to receive 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 ECE Grant. This authorization shall remain in effect for one year 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 _____

Financial Eligibility Verification: Required Documents

I am authorized for Publicly Funded Child Care. ___ No ___ Yes: ___ FT ___ PT Co-Pay \$ _____

All applicants requesting an ECE Grant must provide the following:

- _____ Copy of child's birth certificate (attach here)
- _____ Completed ECE Grant Application (this form)

Additional forms required unless the child is on an IEP or the family is publicly funded with \$0 co-pay:

- _____ Two (2) consecutive paystubs per parent (attach here)

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 ECE Grant.

Signature _____ Date _____

Thank you for returning this application and all required documents to Mini University. If you have any questions, please contact Saima Tahir 937.426.1414 ext. 1302.

For Office Use Only

| | | |
|--|--------------------------------------|-------------|
| Financial Eligibility Verified: ___ Yes | ___ No | Date: _____ |
| Verified by: _____ | Required Documents Provided: ___ Yes | ___ No |
| Federal Poverty Level: ___0-100% ___101-125% ___126-150% ___151-175% ___176-185% ___186-200% ___201%+ (INELIGIBLE) | | |
| Comments: | | |

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