

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**

<b>*LEGAL FIRST NAME:</b>	<b>*LEGAL MIDDLE NAME</b> (leave blank if none):	<b>*LEGAL LAST NAME:</b>
<b>*BIRTHDATE (MM/DD/YYYY):</b>		<b>*GENDER (Check one):</b> <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"/> <b>Hispanic / Latino</b> <input type="checkbox"/> <b>Not Hispanic / Latino</b>
<b>Name the Early Learning Program your child is enrolled in now?</b> (if any):		<b>Early Learning Program Phone Number:</b>
<b>Do you need help choosing a program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is this child currently In Foster Care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>*LEGAL FIRST NAME:</b>	<b>*LEGAL MIDDLE NAME</b> (leave blank if none):	<b>*LEGAL LAST NAME:</b>
<b>*BIRTHDATE (MM/DD/YYYY):</b>		<b>*GENDER (Check one):</b> <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"/> <b>Hispanic / Latino</b> <input type="checkbox"/> <b>Not Hispanic / Latino</b>
<b>Is this child currently enrolled in the same Early Learning Program as CHILD ONE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is this child currently In Foster Care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>*LEGAL FIRST NAME:</b>	<b>*LEGAL MIDDLE NAME</b> (leave blank if none):	<b>*LEGAL LAST NAME:</b>
<b>*BIRTHDATE (MM/DD/YYYY):</b>		<b>*GENDER (Check one):</b> <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"/> <b>Hispanic / Latino</b> <input type="checkbox"/> <b>Not Hispanic / Latino</b>
<b>Is this child currently enrolled in the same Early Learning Program as CHILD ONE and CHILD TWO?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is this child currently In Foster Care?</b> <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 Scholarship/Regional Administrator to contact this adult to discuss the information on this application.)

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE NUMBER:		RELATIONSHIP TO YOU:
- For RA Use Only - If family was referred by a federally recognized Tribe, please indicate which:		

## FAMILY INCOME INFORMATION

### IMPORTANT DOCUMENTATION REQUIRED TO BE ATTACHED TO THE APPLICATION

- If you elect “OPTION 1” - YOU MUST ATTACH TO THIS APPLICATION THE REQUIRED DOCUMENTS THAT DEMONSTRATES PARTICPATION IN A PUBLICLY FUNDED PROGRAM (i.e. a copy of an official letter or authorization form from the public program).
- If you elect “OPTION 2” - YOU MUST ATTACH TO THIS APPLICATION THE REQUIRED DOCUMENTS THAT DEMONSTRATIONS INCOME ELIGIBILITY AND 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: ARE YOU PARTICIPATING IN OR DO YOU ALREADY RECEIVE ONE OF THE PUBLIC 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 IN OPTION 1 ABOVE AND CAN PROVIDE DOCUMENTATION - THEN GO ON TO PAGE 4.
- IF YOUR CHILDREN ARE NOT CURRENTLY PARTICIPATING IN ONE OF THE PUBLIC PROGRAMS LISTED IN OPTION 1 - THEN YOU MUST COMPLETE OPTION 2

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

List all sources of income in the tables below. Include all children (A.) and adults (B.) living in your household, even if they are not related, if they contribute to income and expenses; 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 A. List all children in your household. Total Children \_\_\_\_\_

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 valid 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. In order to verify screening has taken place, select one of the 2 choices below:
- \_\_\_\_\_ the Scholarship/Regional Administrator has my permission to contact the school district office to validate the screening location and date.
- \_\_\_\_\_ According to my records, 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 five of the following statements to participate in the scholarship program. Please **initial each one** to confirm that you have read and agree with each statement.

- \_\_\_\_\_ 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.
- \_\_\_\_\_ Scholarship/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. This is needed to ensure accuracy between the scholarship application and enrollment form and information at the program.
- \_\_\_\_\_ Scholarship/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: (1) my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Scholarship/Regional Administrator; and (2) the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- \_\_\_\_\_ The Minnesota Department of Education may share information about me and my children's eligibility for and use of scholarships with other governmental agencies and programs including, but not limited to: the Child Care Assistance Program (CCAP), Foster care, MFIP, SNAP, Head Start, free and reduced lunch, and the Child and Adult Care Food Program. These agencies can also share information about me and my children's eligibility for and use of assistance with the Minnesota Department of Education. This information may be used to verify my family's income eligibility for scholarships and to monitor the use of scholarships and other public assistance programs. I understand that consent to share my information remains in effect for 6 months after my scholarship ends.
- \_\_\_\_\_ Scholarship/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. This information is to review eligibility, program implementation, and is necessary to comply with the state law authorizing the program.

**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 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**

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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.***

\_\_\_\_\_ 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**

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### **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?**

As described in the consent above, 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. All of these entities, including the evaluator, are bound by Minnesota's data practices and privacy laws and will not share your private data except as described here and in the consent. The evaluator 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 Tennessee Warning.

<b>SIGNATURE OF PARENT, LEGAL GUARDIAN. <u>FOSTER CARE AGENCY REPRESENTATIVE MUST SIGN IF CHILD(REN) IS IN FOSTER CARE:</u></b>		<b>DATE:</b>
<b>FIRST NAME (print):</b>	<b>LAST NAME (print):</b>	
<b>FOSTER CARE AGENCY NAME (if applicable):</b>		
<b>CHILD /CHILDRENS RESIDENT SCHOOL DISTRICT (ONLY IF CHILD IS IN FOSTER CARE):</b>		

**SCHOLARSHIP/REGIONAL ADMINISTRATOR**

Mail completed Pathway I scholarship application and attach REQUIRED documentation (as indicated at the top of page 3) to:

**Scholarship Program  
Lakes & Prairies Child Care Aware  
715 11<sup>th</sup> St. N, Suite 402  
Moorhead, MN 56560**

For questions, contact Maria at 218-512-1584 or [marias@lakesandprairies.net](mailto:marias@lakesandprairies.net).  
*Note: Emailed or faxed applications cannot be accepted.*