

## Early Learning Scholarship – Pathway I Application

Complete this form in ink. Information with an asterisk (\*) is required to be filled out by the parent/guardian. If any required questions are left blank, the parent/guardian will need to correct the application by mail or in person.

### Child Information

Provide information for all children you want considered for a scholarship. Use separate applications for children living at different addresses. Siblings are children who share one or both parents through blood, marriage or adoption, including siblings as defined by the children's tribal code or custom. If a sibling is not yet 3 years old on September 1, the child must attend the same program as Child One at time of award.

**Note:** Please do not apply for children ages 5 and older before September 1 on this form.

#### Child One

\*Child's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Child's Date of Birth: \_\_\_\_\_  
*MM/DD/YYYY*

\*Child's Gender (*check one*): ☐ Male ☐ Female

Is this child in Foster Care?: ☐ Yes ☐ No

Ethnicity (*check one*): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (*check all that apply*): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Pacific Islander or Native Hawaiian ☐ White

Name the preschool, Head Start or child care program where you plan to use a scholarship. *Leave blank if unknown.*

\_\_\_\_\_  
Phone: \_\_\_\_\_

Is your child currently attending this program? ☐ Yes ☐ No

#### Additional Children

Are you applying for more than one child? ☐ Yes ☐ No

*If you are applying for more than one child, use the extra page at the end of the application.*

## Parent/Legal Guardian Information

The parent or legal guardian must complete this section.

**Note:** If any child is in foster care, please skip this section and complete the “Foster Care Information” section.

\*Parent/Guardian’s Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ County: \_\_\_\_\_

\*Relationship to child: ☐ Mother ☐ Father ☐ Legal Guardian (appointed by the court)  
☐ Other: \_\_\_\_\_

Date of Birth (\*required only if parent is under 21, MM/DD/YYYY): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address (If different from home address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

### Additional Contact 1

If there are two legal parents/guardians in the household, the second parent must be listed below. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

Name: \_\_\_\_\_  
*First Middle Last*

Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

### Additional Contact 2

Optional: If there is another contact such as an additional family member, case worker, program staff, or other adult that you want to include on your application, list them here. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

Name: \_\_\_\_\_  
*First Middle Last*

Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

## Family Information

**How did you hear about Early Learning Scholarships?** *Check all that apply.*

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> My program                        | <input type="checkbox"/> Friend/Family                             | <input type="checkbox"/> Another family in my program | <input type="checkbox"/> Area Administrator  |
| <input type="checkbox"/> Community partner (i.e., library) | <input type="checkbox"/> Social media (Facebook, Twitter)          |   | <input type="checkbox"/> Online research     |
| <input type="checkbox"/> Parent Aware/Child Care Aware     | <input type="checkbox"/> Tribal, County, or State service provider |   | <input type="checkbox"/> Flyer/advertisement |
| Other: _____   |  |   |  |

**What is the highest level of education you have completed?** *Check one.*

☐ Less than high school      ☐ High school or GED      ☐ Some college or no degree      ☐ College degree

**What is your current employment status?** *Check one.*

☐ Employed full-time (25 hours/week or more)      ☐ Employed part-time (less than 25 hours/week)  
☐ Unemployed, seeking employment      ☐ Unemployed, not seeking employment

**What language does your family speak most at home?**

☐ English      ☐ Hmong      ☐ Somali      ☐ Spanish      ☐ Vietnamese  
☐ Other: \_\_\_\_\_

**Do you need an interpreter?**      ☐ Yes      ☐ No

**Has your family experienced any of the following living situations at any point in the last 24 months (including now) due to economic hardship or loss of housing?** *Check any that apply.*

☐ Shelter      ☐ Moving from place to place      ☐ Doubling up temporarily with other family or friends  
☐ Car, outside, public space, hotel, or motel

## Proof of Eligibility: Instructions

Families must demonstrate their eligibility in one of two ways:

**Option 1:** Current participation in one of the following public programs:

- Minnesota Family Investment Program (MFIP)
- Free and Reduced-Price Lunch Program (FRPL)
- Food Distribution Program on Indian Reservations
- Head Start
- Child Care Assistance Program (CCAP)
- Child Adult Care Food Program\* (CACFP)
- Supplemental Nutrition Assistance Program (SNAP)
- Foster Care

*\*Families cannot be income-eligible for scholarships based solely on CACFP provider area eligibility. Families must be eligible based on their own income.*

**Acceptable proof of participation includes:** official notice on program letterhead; application with program approval/signature (i.e., approved CACFP or FRPL application); authorization form from the public program; current bill or receipt from the program (i.e., MEC<sup>2</sup> bill from CCAP); or screenshot from a program's official system of record (i.e., free or reduced price lunch status in Infinite Campus). Proof of participation must have the name of the parent/guardian and/or child(ren), must be dated, and must be valid at the time of the award. **Unacceptable proof includes:** a waitlist letter, an unapproved application, documentation without a date, and/or expired documentation.

**Option 2:** If your children are not participating in one of the federally funded programs listed in Option 1, then you must complete both charts of the *Option 2: Income Verification Form* on the following page and submit documentation demonstrating your household income.

- **Adults in Household–Income Verification Chart instructions:** List all household members including all people living in the household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. The applicant must include themselves and all children who live with them. Households do not include other people who are economically independent, such as a roommate.
- **Children in Household Chart instructions:** List all infants, children, and students through grade 12 in the household that share income and expenses, even if they are not related. Attach an additional page if necessary. For more information on household size, view the “Who is in a SNAP household” section of the US Department of Agriculture (USDA) [SNAP eligibility webpage](https://www.fns.usda.gov/snap) (<https://www.fns.usda.gov/snap>).

**Attach acceptable proof of all income for each adult listed**, which includes the previous year's W-2 form, two most recent pay stubs, financial aid statement, or a statement from an employer on company letterhead. Pay stubs must be dated within six months of the award. If other types of documentation are not available, the previous year's income tax filing documents may be used. The tax documents must be a copy of the signed version submitted to the Internal Revenue Service (IRS) or include the confirmation notice if submitted electronically. Include proof for all types of income earned. If the household has no income, one of the adults in the household must complete the *Household Declaration of No Income* on Page 12.

## Family's Documentation Demonstrating Eligibility

### Option 1: Participation in a Public Program

**Do you currently participate in one of these public programs?** If you currently participate in one of the programs listed below, you must attach an official document to show participation in the program.

- |  |  |
|--|--|
| Minnesota Family Investment Program (MFIP)       | Child Care Assistance Program (CCAP)             |
| Free and Reduced-Price Lunch Program (FRPL)      | Child Adult Care Food Program* (CACFP)           |
| Food Distribution Program on Indian Reservations | Supplemental Nutrition Assistance Program (SNAP) |
| Head Start                                       | Foster Care                                      |

If you do **not** currently participate in one of these public programs, you must complete the *Option 2: Income Verification Form* on the following page and submit valid income documentation.

**Complete this page** and submit valid income documentation if you do **not** currently participate in an Option 1 public program.  
**Skip this page** if you currently participate in one of the Option 1 public programs listed on Page 4.

## Option 2: Income Verification Form

### Adults in Household – Income Verification Chart

| Adults – Full Name  | Gross Pay from Work<br><i>Do not write in an hourly wage.</i> |                       |                       |                       | Farm or Self-Employment | Child Support, Alimony   |                         |                       |                       | All Other Incomes     |                       |   |                       | No Income             |                       |                       |                                    |
|---|---|-----------------------|-----------------------|-----------------------|-------------------------|--|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------------|
|   | Gross pay before deductions (Not take home pay) (\$)          | Weekly                | Bi-Weekly             | 2x Month              | Monthly                 | Net income after business expenses. State if annual or monthly. (\$) | Payments received. (\$) | Weekly                | Bi-Weekly             | 2x Month              | Monthly               | Pension, retirement, disability, unemployment, Veterans benefits, etc. (\$) | Weekly                | Bi-Weekly             | 2x Month              | Monthly               | Check if this adult has no income. |
| <b>For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related."</b><br>List the full name of each household member and their income(s) in whole dollars. Include any college students temporarily away from home. *If none of the adults listed has income, check the last column and submit the <i>Household Declaration of No Income</i> form. |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |  |                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                    |
|   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |  |                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                    |
|   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |  |                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                    |
|   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |  |                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                    |
|   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |  |                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                    |
|   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |  |                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                    |

### Children in Household

| Child's First Name | Child's Last Name | Child's Age | Foster Child: If an agency or court has legal responsibility for the child, then mark the circle. |
|--------------------|-------------------|-------------|---|
|                    |                   |             | <input type="radio"/>   |
|                    |                   |             | <input type="radio"/>   |
|                    |                   |             | <input type="radio"/>   |
|                    |                   |             | <input type="radio"/>   |
|                    |                   |             | <input type="radio"/>   |
|                    |                   |             | <input type="radio"/>   |

If you are not applying for a child in protective services and/or foster care, skip this page.

## For a Child in Protective Services

If your child is not receiving child protective services, leave this section blank.

Referring Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Foster Care Information

**This section must be completed by the Foster Care Agency Worker.**

By completing this section, you are designating yourself as the point of contact for the Area Administrator if there is a need to discuss the information on this form. The Foster Care Agency Worker should notify the Area Administrator of any changes that could impact the child's scholarship.

County or Tribal Agency: \_\_\_\_\_

Foster Care Agency Address: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Optional: Foster Care Parent Contact

Foster Parent's Name: \_\_\_\_\_  
*First Middle Last*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ ZIP: \_\_\_\_\_ Resident School District: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Agreement to Comply with Requirements

By signing this application, you are confirming that you have read, understand and agree to the Early Learning Scholarships Program requirements and the items listed below.

- The information on this application is true, and all household members' incomes are reported. If I purposely give false information, my child may lose the scholarship and I may need to reimburse the state for funds paid.
- **My 3- to 5-year-old** must complete an Early Childhood Screening within 90 calendar days of attending a selected program using a scholarship. If my child receives a scholarship between age 0 and 2, they must complete the screening within 90 days of their third birthday.
- My child will remain eligible to receive a scholarship through August 31 of the year he/she is age-eligible for kindergarten, or 5 years old on September 1, as long as state funding is available.
- I will notify the Area Administrator when my child stops attending the program where we are using a scholarship.
- I will notify the Area Administrator if I move or my contact information changes.
- My child must be enrolled in a program participating in Parent Aware within 10 months of being awarded an Early Learning Scholarship or the scholarship will be cancelled. If needed, the Area Administrator will help me choose a program. The scholarship may be cancelled earlier than 10 months if I do not communicate with the Area Administrator about my plans for using the scholarship.
- Regular and consistent attendance is expected. Early Learning Scholarships cannot pay for more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will not be covered by scholarships and charges must be paid at my own expense.
- If the program is no longer participating in Parent Aware, I may not be able to continue to use the Early Learning Scholarship for that program.
- As of July 1, 2020, only programs rated Three- or Four-Stars may receive scholarships.
- If I am a family child care provider participating in Parent Aware, I understand that I am not able to use my own child's Early Learning Scholarship at my licensed family child care.

## Required Consent to Share Your Information

You must consent to all of the following statements to participate in the scholarship program.

- The Area Administrator may share my child's/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 eligible for and the award date, with the program I choose. This is needed to ensure accuracy between the application and the *Award Planning Agreement* and information retained by the program.
- The Area Administrator may share my child's/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/Area Administrator, and (2) the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- The Minnesota Department of Education (MDE) may share information about me and my child's/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), county or Tribal social agency workers, MFIP, SNAP, Head Start, free and reduced-price lunch, and the Child and Adult Care Food Program. These agencies can also share information about me and my child'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 six months after my scholarship ends.

- Area Administrators 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 the scholarship; my child's SSID number; and whether or not I have complied with program requirements. This information is required to review eligibility, program implementation, and is necessary to comply with the state law authorizing the program.
- In order to verify screening has taken place, the Area Administrator has my permission to contact the school district office of the child to verify the screening location and date. My 3- to 5-year-old child's screening was completed at the location listed below:

|                           |                        |                    |
|---------------------------|------------------------|--------------------|
| <b>Child One:</b> _____   | <b>Location:</b> _____ | <b>Date:</b> _____ |
| <b>Child Two:</b> _____   | <b>Location:</b> _____ | <b>Date:</b> _____ |
| <b>Child Three:</b> _____ | <b>Location:</b> _____ | <b>Date:</b> _____ |

**Note:** *I do not have to consent to sharing my information, but if I choose not to, I understand my child/children will not be eligible to receive an Early Learning Scholarship. Information to be released does not include supporting documents attached to this application.*

## Tennessen Warning from the Minnesota Department of Education

This notice applies to all information collected for the Early Learning Scholarships program. It explains what information we will collect and why we are collecting it.

### **What Information are we requesting?**

We are requesting all information on the Early Learning Scholarship – Pathway I program application, some of which is considered private data under Minnesota law.

### **Why do we ask you for this Information?**

Information on this application is required to apply for an Early Learning Scholarship. We will use the information collected here, and any additional related information, to determine eligibility for funding. 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 elsewhere in the application, with your required informed consent we will share your information with the program that you choose, your resident school district, and the Minnesota Department of Education. If you provide your optional consent, a third-party entity will make use of your information when evaluating the effectiveness of the scholarship program for the state. 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 have 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 other uses.

**How long will my data be kept?**

Your data will be kept for a minimum of seven years.

**Optional Consent: Release Information and Participate in an Evaluation**

Please initial to confirm that you have read, understand and agree to the following.

\_\_\_\_\_ Area 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, 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.

**Parent/Guardian Signature**

By signing below, you agree and verify all of the following:

1. I verify that I am the parent or legal guardian, all information on this application is true, and the incomes of all adult household members are reported. I understand that if false information is given, my child/children may lose the scholarship and I may need to reimburse the state for funds already paid.
2. I agree to the program requirements described on the Agreement to Comply with Requirements page.
3. I agree to have my information and/or my child's information shared as described on the Required Consent to Share Your Information
4. I agree that I have read and understand the Tennessean Warning.

**Signature of Parent or Legal Guardian**

Signatures must be in ink, not in pencil.

\*Parent/Guardian's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_  
*MM/DD/YYYY*

**Signature of Secondary Parent (optional, not required)**

Parent/Guardian's Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*MM/DD/YYYY*

*This page is intentionally left blank.*

If you are applying for more than one child, list them here and attach this page to your *Early Learning Scholarship – Pathway I Application*. Do not enter information again for Child One listed on Page 1 of the application. If you are applying for more than three children, photocopy this page and attach the additional sheet(s) to your application.

## Child Two

\*Child's Legal Name: \_\_\_\_\_  
First Middle Last

\*Child's Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

\*Child's Gender (*check one*): ☐ Male ☐ Female

Is this child in Foster Care?: ☐ Yes ☐ No

Ethnicity (*check one*): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (*check all that apply*): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Pacific Islander or Native Hawaiian ☐ White

Name the preschool, Head Start or child care program where you plan to use a scholarship. *Leave blank if unknown.*

\_\_\_\_\_  
Phone: \_\_\_\_\_

Is your child currently attending this program? ☐ Yes ☐ No

## Child Three

\*Child's Legal Name: \_\_\_\_\_  
First Middle Last

\*Child's Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

\*Child's Gender (*check one*): ☐ Male ☐ Female

Is this child in Foster Care?: ☐ Yes ☐ No

Ethnicity (*check one*): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (*check all that apply*): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Pacific Islander or Native Hawaiian ☐ White

Name the preschool, Head Start or child care program where you plan to use a scholarship. *Leave blank if unknown.*

\_\_\_\_\_  
Phone: \_\_\_\_\_

Is your child currently attending this program? ☐ Yes ☐ No

If the household has no income, complete this *Household Declaration of No Income* form and attach it to your *Early Learning Scholarship – Pathway I Application*.

## Household Declaration of No Income

This statement below serves as your declaration of no household income for Option 2. This form must be filled out by the person signing the *Early Learning Scholarships – Pathway I Application*.

I, \_\_\_\_\_, declare that we as a household currently  
*Print full legal name*

do not have income on this day of \_\_\_\_\_.  
*Date: MM/DD/YYYY*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*MM/DD/YYYY*