

# Application for Pathway I Early Learning Scholarship

In completing this application, I attest that all 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.

\*First Name: \_\_\_\_\_  
\*Last Name: \_\_\_\_\_  
\*Signature: \_\_\_\_\_  
\*Date: \_\_\_\_\_

## Child Information

Complete information for all children included in application 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 children's code or custom. If Child Two and/or Three is a sibling who is not yet three-years old by September 1, the child must attend same program as Child One.

### Child One

\*Child's Legal First Name: \_\_\_\_\_  
\*Child's Middle Legal Middle Name (leave blank if none): \_\_\_\_\_  
\*Child's Legal Last Name: \_\_\_\_\_  
\*Child's Date of birth: \_\_\_\_\_  
\*Child's Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female  
Name the Early Learning Program your child is attending (if any): \_\_\_\_\_  
Do you need help choosing a program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Ethnicity (optional – check one): \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino  
Race (optional - check all that apply): \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Pacific Islander or Native Hawaiian \_\_\_\_\_ White \_\_\_\_\_ Other

## Child Two

Child's Legal First Name: \_\_\_\_\_

Child's Middle Legal Name: (leave blank if none) \_\_\_\_\_

Child's Legal Last Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female

Name the Early Learning Program your child is attending (if any): \_\_\_\_\_

Do you need help choosing a program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnicity (optional – check one): \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino

Race (optional - check all that apply): \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Black or African American \_\_\_\_\_ Pacific Islander or Native Hawaiian \_\_\_\_\_ White \_\_\_\_\_ Other

Is this child currently enrolled and attending the same program as child one?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## Child Three

Child's Legal First Name: \_\_\_\_\_

Child's Middle Legal Name: (leave blank if none) \_\_\_\_\_

Child's Legal Last Name: \_\_\_\_\_

Child's Date of birth: \_\_\_\_\_

Child's Gender (check one) \_\_\_\_\_ Male \_\_\_\_\_ Female

Name the Early Learning Program your child is attending (if any): \_\_\_\_\_

Do you need help choosing a program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnicity (optional – check one): \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino

Race (optional - check all that apply): \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Black or African American \_\_\_\_\_ Pacific Islander or Native Hawaiian \_\_\_\_\_ White \_\_\_\_\_ Other

Is this child currently enrolled and attending the same program as child one?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## Optional Consent to Release Information and Participate In an Evaluation

Please check to confirm that you have read and agree to the following. (This consent is optional and is not required to receive a scholarship).

\_\_\_\_\_ Scholarship/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.

## Family Income Information

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Does your family currently, or at any time in the past 24 months, reside in any of the following due to economic hardship or a 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

### Important - Before you Begin this Section:

If you indicate that you are participating in one of the public programs listed under "OPTION 1," you must attach the required documents that demonstrate participation in a publicly funded program. For example, a copy of an official letter or authorization from the public program.

If you elect to validate your income eligibility by completing "OPTION 2," you must attach the required documents that demonstrates valid proof of income. For example, a recent tax form, W-2 form, two most recent pay stubs, a financial aid statement, or a document from an employer on company letterhead.

**OPTION 1** - Do you already receive one of the programs listed below? If yes, check one.

- Minnesota Family Investment Program (MFIP)
- Child Care Assistance Program (CCAP)
- Child and Adult Care Food Program (CACFP) by family income
- Free and Reduced-Price Lunch Program (FRPL)
- Food Support (SNAP)
- Head Start
- Food Distribution Program on Indian Reservations
- Foster Care

**IF YOU CHECKED ANY BOXES ABOVE FOR OPTION 1 AND CAN PROVIDE DOCUMENTATION, THEN GO TO PAGE 10.**

**OPTION 2** - Use this option ONLY if your children are NOT participating in one of the programs listed in **OPTION 1** above.

**STEP A** - List all infants, children, and students through grade 12 in the household, even if they are not related. Attach an additional page if necessary. Total number of children: \_\_\_\_\_

First Name	Last Name	Age	CCAP ID (if applicable)	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle
				O
				O
				O
				O
				O

**OPTION 2 - Step B** List all adult household members including yourself and report all incomes. (Skip Steps A and B if you checked a box in Option 1.)  
 Total number of adults: .

<b>Adults - Full Name</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."  List the full name of each household member not listed in Step A and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) of income to report. Include any college students temporarily away from home.	<b>Gross Pay from Work</b>  <i>Do not write in an hourly wage.</i>				<b>Farm or Self-Employment</b>	<b>Public Assistance, Child Support, Alimony</b>				<b>All Other Incomes</b>						
	Gross pay before deductions  (Not take-home pay). (\$)  Weekly Bi-Weekly 2x Month Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Net Income after business expenses.  State if annual or monthly. (\$)	Payments received. (\$)  Weekly Bi-Weekly 2x Month Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc. (\$)	Weekly	Bi-Weekly	2x Month	Monthly
		<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"/>

**OPTION 2 - Step C Proof of Income.** Attach 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, financial aid statement, or a statement from an employer on company letterhead.

## 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: \_\_\_\_\_ County: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth (if under 21) (MM/DD/YYYY) \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child:  Mother  Father  Agency worker  Other

### 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

### 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

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Agreement to Comply with Requirements

Please initial each item below to confirm that you have read and agree to or understand the requirements. All items must be initialed in order to qualify for an Early Learning Scholarship.

\_\_\_\_\_ My 3- to 5-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 3 years old, unless the child turns 3 while receiving the scholarship. In order to verify screening has taken place, select one of the two choices below:

\_\_\_\_\_ The Scholarship/Area Administrator has my permission to contact the residential school district office of the child to validate the screening location and date.

According to my records, my child's screening was completed at:

**Location:** \_\_\_\_\_ **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 Scholarship/Area 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 Scholarship/Area 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.

\_\_\_\_\_ If my Provider is no longer participating in Parent Aware, I may not be able to continue to use the Early Learning Scholarship for that program. If this happens, the Scholarship/Area Administrator can help me choose a new program.

## REQUIRED Consent to Release Information

You must consent to all five of the following statements in order 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.

\_\_\_\_\_ The Scholarship/Area Administrator may share my child/child'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 retained by the program.

\_\_\_\_\_ The Scholarship/Area Administrator may share my child/child'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 may share information about me and my child/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-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.

\_\_\_\_\_ Scholarship/Area 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 required 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 sharing 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.*

## **Tennessee Warning from the Minnesota Department of Education**

### **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 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, consent is needed to share 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 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.

**AGREEMENT AND CONSENT: SIGNATURE REQUIRED**

By signing below, I agree to the program requirements and/or release of information, and agree that I have read and understand the above Tennessee Warning.

\*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

Foster Care Agency Name (if applicable): \_\_\_\_\_

Child/Child’s Resident School District (ONLY if the child is in foster care):  
\_\_\_\_\_

For a child in need of Protective Services, list referring staff: \_\_\_\_\_

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

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

**For Administrator use only:**

Program name: \_\_\_\_\_

Award start date: \_\_\_\_\_

Award amount: \_\_\_\_\_

Program start date: \_\_\_\_\_