DEPARTMENT OF EDUCATION

Early Learning Scholarship Application – Pathway II Instructions

What is an Early Learning Scholarship?

A Pathway II Early Learning Scholarship can help you pay for high-quality child care and early education to help your child get ready for school. Pathway II Scholarships are awarded by child care or early education programs. A program is eligible to receive funds if they are Four-Star Parent Aware rated. Parent Aware is a rating tool to help parents select high-quality child care and early education programs. For more information, visit the Parent Aware website (ParentAware.org).

Where can my child use a scholarship?

Early Learning Scholarships – Pathway II are awarded to families through an eligible Four-Star Parent Aware rated program. Child care or early education programs designated as Pathway II sites receive scholarship funds. These programs then use their funds to award scholarships to families, who then use their scholarship at the Pathway II program.

Is my child eligible?

Early Learning Scholarships are available for children who will be age 3 or 4 by September 1, 2018, and are not yet enrolled in kindergarten.

Below is a chart you can use to determine if a child is eligible for an Early Learning Scholarship, given the child's birthdate.

Child's birth date range	Eligible Age on Sept 1, 2018	Is the child eligible for a scholarship starting Sept 1, 2018	Will this child still be eligible for a scholarship starting Sept 1, 2019
September 1, 2013 – August 31, 2014	4	Yes	NO, over aged
September 1, 2014 – August 31, 2015	3	Yes	Yes
September 1, 2015 – August 31, 2016	2	NO, under age: must meet priority categories	Yes

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Children birth to 2 years old are eligible if they meet one or more of the following criteria:

- A parent of the child is under the age of 21 and currently pursuing a high school or general education equivalency diploma (GED). You must provide written proof of current participation on official letterhead from the organization you are attending; or
- The child is in foster care or in need of child protective services; or
- The family has experienced homelessness in the previous 24 months; or
- The child has a sibling who has been awarded a scholarship and attends the same program, as long as funds are available.

Note: Families must also meet income eligibility requirements after meeting at least one of the criteria above.

Additional Requirements

Only a parent or legal guardian of the child/children may apply for an Early Learning Scholarship – Pathway II, and your family must meet the following requirements:

Location – You must have a Minnesota address (residing in the state of Minnesota).

Income – You must have a family income equal to or less than 185 percent of the federal poverty level or be receiving certain publicly funded assistance in an approved state or federal public assistance program.

The chart below is based on FY2018 poverty guidelines published in the Federal Register on January 18, 2018.

Family Size	Gross Income	Family Size	Gross Income
2	$30,451	6	$62,419
3	$38,443	7	$70,411
4	$46,435	8	$78,403
5	$54,427	9	$86,395

For family units of more than nine members, add **$7,992** for each additional member.

How do I Apply for the Early Learning Scholarship?

To apply for an Early Learning Scholarship – Pathway II, the legal guardian of the child must follow these steps:

- Complete the application. Information that is required is marked with an asterisk.
- Provide required proof of income you stated in the income section for Option 1 or Option 2 (paystubs/verification of MFIP, etc.).
- Read and sign the Agreement to Comply with Requirements and Consent to Share Your Information pages.
- Submit your application.

Submit Your Application

Mail or bring the completed application and all other required documents to your child care or early education program at the location listed below. **Faxed or emailed applications will not be considered for a scholarship.** Your child care or early education program will send you a letter to let you know the status of your child's or children's Early Learning Scholarship – Pathway II. If you have questions, contact the program.

Funding provided by the Minnesota Department of Education using state funding to support administration of early learning scholarships, Minnesota Statutes, Section 124D.165.

Scholarship Administrator Contact Information

Mrs. Gina Knaus
c/o ISD #95
P.O. Box 7
Cromwell, MN 55726

218-644-3716 x4100
gknaus@isd95.org

m1 DEPARTMENT OF EDUCATION

Early Learning Scholarship – Pathway II Application

Please Print Legibly

Child Information

Note: *Please do not include children ages 5 and older by September 1 on this form.*

Complete 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 Child Two and/or Child Three is a sibling who is not yet 3 years old by September 1, the child must attend the same program as Child One at time of award.**

Child One   *Is this child in Foster Care?: ☐ Yes   ☐ No

*Child's Legal First Name: _____   *Child's Legal Middle Name: _____
(If none, leave blank)

*Child's Legal Last Name: _____   *Child's Gender (check one): ☐ Male ☐ Female

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

Ethnicity of Child (optional – check one): ☐ Hispanic/Latino   ☐ Not Hispanic/Latino

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

Child Two   *Is this child in Foster Care?: ☐ Yes   ☐ No

*Child's Legal First Name: _____   *Child's Legal Middle Name: _____
(If none, leave blank)

*Child's Legal Last Name: _____   *Child's Gender (check one): ☐ Male ☐ Female

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

Ethnicity of Child (optional – check one): ☐ Hispanic/Latino   ☐ Not Hispanic/Latino

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

If you are applying for more than two (2) children, use the extra page at the end of the application to record information for additional children.

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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.*

*Legal First Name:_____ Middle Initial:_____

*Legal Last Name:_____

*Address:_____ Apt/Unit #:_____

*City:_____ *State:_____ *ZIP:_____ *County:_____

*Phone Number_____ Email Address: _____

*Date of Birth (only if parent is under 21): _____ (MM/DD/YYYY)

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

Mailing Address – if different from home address:_____

*City:_____ *State:_____ *ZIP:_____ *County:_____

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

☐ Less than high school ☐ High school or GED ☐ Some or no degree of college ☐ 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 ☐ Spanish ☐ Somali ☐ Hmong ☐ Vietnamese
☐ Other:_____

Do you need an interpreter? ☐ Yes ☐ No

Does your family currently, or at any time in the previous 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

Additional Contact Information

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.

First Name:_____ Middle Initial:_____

Last Name:_____ Phone Number:_____

Address:_____ Apt/Unit #:_____

City:_____ State:_____ ZIP:_____ County:_____

Email Address:_____ Relationship to child/children:_____

For a Child in Protective Services

Referring Agency:_____ Date:_____

Referring Agency Phone Number:_____

Referring Agency Email:_____

Identify Referring Staff: _____

This section must be completed by the Foster Care Agency Worker
If not applicable, continue to Page 4.

Foster Care Information

If a child/children are in foster care, please provide the following information. 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.

Foster Care Agency:_____

Foster Care Agency Address:_____

Worker Name:_____

Phone Number: _____ Email Address: _____

Foster Care Parent Contact – Optional information

Foster Parent's First Name:_____ Foster Parent's Last Name:_____

Home Address:_____ City:_____ State:_____

County:_____ Zip:_____ Resident School District:_____

Phone Number:_____ Email Address:_____

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Family Income Verification: Choose Either Option 1 or Option 2.

Option 1 – Federally Funded 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 (FRLP)
- ☐ Child and Adult Care Food Program (CACFP) *(by income, see note below)*
- ☐ Food Distribution Program on Indian Reservations
- ☐ Food Support (SNAP)
- ☐ Head Start
- ☐ Foster Care

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^2 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 be dated and must be valid within six months of the award date or be valid for the same fiscal/school year if using an annual program such as FRPL. Proof must have the name of the parent/guardian and/or child(ren) within the scholarship application.

Unacceptable proof includes: waitlist letter, unapproved application, documentation without a date, and/or expired documentation.

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

If your children are *not* participating in one of the federally funded programs listed in Option 1 above, then you must show your income eligibility and verification by completing Option 2.

Option 2 – Directives for Adults in Household – Income Verification Chart (next page)

In the Adult in Household - Income Verification Chart, 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. List each adult sharing expenses as household members.

Attach acceptable proof of all income for each adult listed, which includes the previous year's tax form, W-2 form, two most recent pay stubs, financial aid statement, or a statement from an employer on company letterhead. If any household has no income, submit the self-declaration of no income on Page 12.

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Households do not include other people who are economically **independent**, such as a roommate. View this guide for interpretation on determining household size for U.S. Department of Agriculture (USDA) programs such as Free and Reduced-Price Lunch.

In the **Children in Household Chart** – List all infants, children, and students through grade 12 in the household, even if they are not related. Attach an additional page if necessary.

Adults in Household – Income Verification Chart

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 and their income(s) in whole dollars. Include any college students temporarily away from home. *If any person listed has no income, check the last column. Note: you will then submit the self-declaration of no income.

Adults – Full Name	Gross Pay from Work *Do not write in an hourly wage.* Gross pay before deductions (Not take home pay) ($)					Farm or Self-Employment Net income after business expenses. State if annual or monthly. ($)	Child Support, Alimony Payments received. ($)					All Other Incomes Pension, retirement, disability, unemployment, Veterans benefits, etc. ($)						No Income Check if this adult has no income.
		Weekly	Bi-Weekly	2x Month	Monthly			Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		
		○	○	○	○			○	○	○	○		○	○	○	○		
		○	○	○	○			○	○	○	○		○	○	○	○		
		○	○	○	○			○	○	○	○		○	○	○	○		
		○	○	○	○			○	○	○	○		○	○	○	○		
		○	○	○	○			○	○	○	○		○	○	○	○		
		○	○	○	○			○	○	○	○		○	○	○	○		

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.
			○
			○
			○
			○

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 already paid.

My 3-to 5-year-old must complete an Early Childhood 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.

My child will remain eligible to receive a scholarship through August 31 of the year he/she is age-eligible for kindergarten, or five years old by September 1, as long as state funding is available.

I will notify the Scholarship/Area Administrator when my child stops attending the program where we are using a scholarship.

I will notify the Scholarship/Area Administrator if I move or contact information changes.

Early Learning Scholarships cannot pay for more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will 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. If this happens, the Scholarship/Area Administrator can help me choose a new program.

If I am a Parent Aware rated family child care provider, I understand that I am not able to use my own child's Early Learning Scholarship at my licensed family child care. If needed, the Scholarship/Area Administrator can help me choose a new program for my child.

Required Consent to Share Your Information

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

The Scholarship/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 you choose. This is needed to ensure accuracy between the application and enrollment form and information retained by the program.

The Scholarship/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.

Scholarship/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 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.

In order to verify screening has taken place, the Scholarship/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:

Child One:_____   Location:_____   Date:_____

Child Two:_____   Location:_____   Date:_____

Child Three:_____   Location:_____   Date:_____

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.

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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 Scholarships - Pathway II 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.

Signature Page

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 section.
4. I agree that I have read and understand the Tennessen Warning about information that the Early Learning Scholarships Program will collect from me.

Signature of Parent or Legal Guardian

*First Name:_____ Middle Initial:_____ *Last Name:_____

*Signature:_____ *Date:_____(MM/DD/YYYY)

Signature of Secondary Parent – (optional, not required)

First Name:_____ Middle Initial:_____ Last Name:_____

Signature:_____ Date:_____(MM/DD/YYYY)

Release Information and Participate in an Evaluation – Optional Consent

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

_____ 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.

Checklist Reminder to Submit Your Application

Review the checklist below to make sure you have everything you need for your application:

- ☐ Complete all required areas of the application. The sections marked with an asterisk (*) are required. All other information is optional.
- ☐ Complete in ink.
- ☐ Carefully read each line of the **Agreement and Consent** section, including the agreement to comply with program requirements and consent to release information.
- ☐ *Optional*: Read the agreement to participate in the evaluation and initial to give consent.
- ☐ Carefully read the **Tennessen Warning.**
- ☐ Initial, sign and date the application.
- ☐ Double-check your application. Missing items such as income, income documentation, or signatures may cause a delay.
- ☐ Staple all supporting documents to the back of the application. Supporting documents include:
  - ☐ Income verification, Page 6, or proof of child's participation in one of the listed programs on Page 4.
  - ☐ If you are a teen parent under 21 and are pursuing a high school diploma or GED, you must provide written proof (i.e., a copy of an official letter on official letterhead from the organization you are attending).
  - ☐ If you do not have any income, please complete and submit the *Self-Declaration Form* and attach to your application.
  - ☐ Send or bring application to the Scholarship Administrator as indicated.
  - ☐ Keep a copy of the application and attachments for your own records.

Self-Declaration of No Income

This statement below serves as your attestation (self-declaration) of no income.

I,_____, as the person completing this application, attest
(self-declare) that I/we currently do not have income on this day of _____ (MM/DD/YY).

Signature of person attesting (Self-declaring):_____

Date (MM/DD/YY):_____

Attach this completed form to your Early Learning Scholarship Application – Pathway II.

Child #_____   *Is this child in Foster Care?: ☐ Yes   ☐ No

*Child's Legal First Name: _____   *Child's Legal Middle Name: _____
                                                      (If none, leave blank)

*Child's Legal Last Name: _____   *Child's Gender (check one): ☐ Male ☐ Female

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

Ethnicity of Child (optional – check one):   ☐ Hispanic/Latino   ☐ Not Hispanic/Latino

Race (optional – check all that apply): ☐ American Indian or Alaskan Native   ☐ Black or African American

                                         ☐ Pacific Islander or Native Hawaiian ☐ Asian ☐ White

Child #_____   *Is this child in Foster Care?: ☐ Yes   ☐ No

*Child's Legal First Name: _____   *Child's Legal Middle Name: _____
                                                      (If none, leave blank)

*Child's Legal Last Name: _____   *Child's Gender (check one): ☐ Male ☐ Female

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

Ethnicity of Child (optional – check one):   ☐ Hispanic/Latino   ☐ Not Hispanic/Latino

Race (optional – check all that apply): ☐ American Indian or Alaskan Native   ☐ Black or African American

                                         ☐ Pacific Islander or Native Hawaiian ☐ Asian ☐ White

Child #_____   *Is this child in Foster Care?: ☐ Yes   ☐ No

*Child's Legal First Name: _____   *Child's Legal Middle Name: _____
                                                      (If none, leave blank)

*Child's Legal Last Name: _____   *Child's Gender (check one): ☐ Male ☐ Female

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

Ethnicity of Child (optional – check one):   ☐ Hispanic/Latino   ☐ Not Hispanic/Latino

Race (optional – check all that apply): ☐ American Indian or Alaskan Native   ☐ Black or African American

                                         ☐ Pacific Islander or Native Hawaiian ☐ Asian ☐ White