

# Early Learning Scholarship Pathway I Application

You can apply for an Early Learning Scholarship Pathway I Scholarship online! Visit [earlylearningscholarshipshub.mn.gov](http://earlylearningscholarshipshub.mn.gov) to apply online. Note: If your child is in foster care, your foster care case worker must apply online. Foster parents cannot apply for a scholarship themselves.

## Instructions

### What is an Early Learning Scholarship?

An Early Learning Scholarship Pathway I can help your child attend high quality child care and early education to ensure your child enters kindergarten ready to succeed. The scholarship money will be paid directly to the program of your choice that is participating in Parent Aware. Parent Aware is a rating tool to help parents select high quality early childhood programs. For more information, visit the [Parent Aware website](http://ParentAware.org) (ParentAware.org).

Note: Children may only receive one scholarship between July 1 and June 30 each year, and cannot receive a Pathway I and Pathway II scholarship at the same time.

### Where can my child use a scholarship?

You may use an Early Learning Scholarship Pathway I at any Parent Aware participating early childhood program in Minnesota that your child attends on a regular basis.

Your child is not required to be enrolled in or attending a program at the time you apply for an Early Learning Scholarship. To find an eligible program, please contact the Child Care Information Services phone line at Child Care Aware of Minnesota (888-291-9811) or visit [www.cca.org](http://www.cca.org) (t) 612-272-1946 (t) 10 (v) 121.001 Tc 0.00



# Application Checklist

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

- Complete all required areas of the application. The items marked with an asterisk (\*) are required. All other information is optional.
- Complete this form in blue/black ink or electronically
- Carefully read each line of the Agreement to Comply with Requirements section and the Tennessee Warning.
- Sign and date the application in blue/black ink or electronically
  - o Optional Read the agreement to participate in the evaluation and initial to give consent.
- Staple all supporting documents to the back of the application. Supporting documents include:
  - o For Option 1: Documentation demonstrating current participation in one of the approved public programs listed on Page 6.
  - o For Option 2: Income documentation in addition to the Option 2: Adults in the Household and their Income table on Page 7 of the application.
    - o If none of the adult members of your household have any income, the Household Declaration of No Income form on Page 8 must be completed by one adult and submitted with your application
    - o If you are a teen parent under 21 and are pursuing a high school diploma or GED you must provide written proof of your pursuit of a high school diploma or GED the letterhead of the educational organization providing the course(s) of study you attend.
- Submit the completed, signed application with attached eligibility documentation to the Area Administrator listed below.
- Keep at least one copy of the application and attachments for your own records.

## Submit the Application

Submit your completed application and eligibility documentation to your Area Administrator:



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The Area Administrator will send you a letter to let you know the status of your child's Early Learning Scholarship-Pathway. If you have questions, contact the Area Administrator

Missing documentation such as proof of program participation or income, or missing signatures may cause a delay.

This page is intentionally left blank.

Box is for Administrator Use Only:

Program Name: \_\_\_\_\_  
Award Start Date: \_\_\_\_\_  
Award Amount: \_\_\_\_\_

## Early Learning Scholarship Pathway I Application

Complete this form in blue/black ink or electronically. 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.

If your child is in foster care, your foster care case worker must apply online. Foster parents cannot apply for a scholarship themselves.

### 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 child's tribal code or custom.

Note: Children age 5 or older on September 1 of the current fiscal year are not eligible to receive a scholarship.

#### Child One

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

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

\_\_\_\_\_  
Name the early childhood program where you plan to use the scholarship, if awarded. Write "unknown" if no program has been selected yet. \_\_\_\_\_ Phone: \_\_\_\_\_

Is this child currently attending this program? Yes No

If you are only applying for one child, skip this page. 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) [E-53] 25 (b)

## Parent/Legal Guardian Information

The parent or legal guardian of the children included in this application must complete this section.

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

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

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

\* Relationship to child: Parent Legal Guardian (appointed by the court) Guar5.3 () / Form <</ <<>> BDC 0.835 0.9





# Household Information

## Children in Household\*

List all Household Members who are infants, children, and students up to and including grade 12, including the children listed in this application. See page 7 for the definition of household. Do not list adults over grade 12 in this table. Additional spaces are required for additional names, attach another sheet of paper.

| Child's First Name<br><small>List all children in household including scholarship applicant children.</small> | Child's Middle Name | Child's Last Name | Child's Date of Birth |
|---|---------------------|-------------------|-----------------------|
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What language does your family speak most at home? Check one.

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

Do you need an interpreter?      Yes      No

Are any members of your household affiliated with one of the eleven federally recognized tribes in Minnesota? If yes, check all that apply. If no, leave blank.

Bois Forte Band of Chippewa    Fond Du Lac Band of Lake Superior Chippewa    Grand Portage Band of Lake Superior Chippewa  
 Leech Lake Band of Ojibwe    Lower Sioux Indian Community    Mille Lacs Band of Ojibwe  
 Prairie Island Indian Community    Red Lake Nation    Shakopee Mdewakanton Sioux Community  
 Upper Sioux Community    White Earth Nation

Other: \_\_\_\_\_

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

My program      Friend/Family      Another family in my program  
 Area Administrator      Community partner (i.e., library)      Social media (Facebook, Twitter)  
 Online research      Parent Aware/Child Care Aware      Tribal, County, or State service provider  
 Flyer/advertisement      Other: \_\_\_\_\_

# Proof of Income Eligibility

Families must demonstrate their income eligibility

## Option 1: Participation in Public Programs

- x If you respond to one or more of questions 1 through 7, attach documentation for one of your public programs to your application.
- x Acceptable proof of participation includes: official notice on program letterhead; application with program approval/signature (i.e., approved CACFP or FRPM application); authorization form from the public program; current bill or receipt from the program (i.e., ME bill from CCAP); or screenshot from a program's official system of record (i.e., reduced priced meals 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.
- x Unacceptable proof includes a waitlist letter, an unapproved application, documentation without a date, and/or expired documentation.

| Public Program | Select Yes or No |
|----------------|------------------|
|----------------|------------------|

Attach proof from one program listed below.

1. Does your child or a sibling participate in the Free and Reduced Price Meals Program (FRPM)

If yes, attach FRPM documentation such as an authorization letter, an approved application with program signature, or

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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 and can provide documentation for one of the Option 1 public programs listed on Page 6.

## Option 2: Household Income Eligibility

### Adults in the Household and their Income

A rectangular grey box used to redact information, likely names and income details of adults in the household.

Complete this page if no adult members of your household have income.  
Skip this page if you are using an Option 1 program or if one or more adults in your household have an income.

- x Households with no income still need to list all adults in the household on Page 7.
- x Do not complete this page if income for one or more adults is listed on Page 6.
- x Do not complete this page if you answered "yes" to question 7 on Page 6 and are submitting proof of participation in a public program.

## Household Declaration of No Income

This statement below serves as your declaration of no household income for Option 2. This form must be completed by the same parent or legal guardian who signs the Early Learning Scholarship Pathway I Application.

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

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

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

## 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.

- x 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.
  - x 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.
  - x My child will remain eligible to receive a scholarship through August 31 of the year he/she is eligible for kindergarten, or 5 years old on September 1, as long as state funding is available.
  - x I will notify the Area Administrator when my child stops attending the program where we are using a scholarship.
  - x I will notify the Area Administrator if I move or my contact information changes.
  - x Within three months of being awarded an Early Learning Scholarship, my awarded child(ren) must be enrolled in a program participating in Parent Aware or the scholarship will be cancelled. If needed, the Area Administrator will help direct me to Child Care Aware to help me find programs in my area. The scholarship may be cancelled earlier if I do not communicate with the Area Administrator about my plans for using the scholarship.
  - x Regular and consistent attendance is expected. Early Learning Scholarships cover no more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will be covered by scholarships and charges must be paid at my own expense unless an official exemption has been extended to my child(ren).
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- x Area Administrators may share information from this application with the State of Minnesota 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.
- x In order to verify the early childhood 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.

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.

## Tennessee Warning from the State of Minnesota

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 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 that 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 in the Application

## Parent/Guardian Signature

### Optional Consent: Release Information and Participation in Evaluation

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

\_\_\_\_ Area Administrator of the State of Minnesota 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 State of Minnesota 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 the State. (n)2.3(at)-3 (io)-6 1natsesoatJ.2 (e)018.489