

HURON COUNTY GREAT START EARLY CHILDHOOD SCHOLARSHIP APPLICATION

Child's Name:	Date of Birth:	Sex: M F
Street Address:	City:	State: MI Zip:
Phone Number:	School District:	

Child's Race/Ethnicity: African-American Asian Hispanic or Latino Native American
 Caucasian Multi-racial Other _____

Where did you find out about the Great Start Early Childhood Scholarship?

Proof of income must be attached to be considered for eligibility (pay stubs, TANF form, Income tax)

Gross family income a month: \$ _____ TANF Case # _____ # of people in family _____

The following apply to our family, check all boxes that apply.

Our family is eligible for State Childcare Reimbursement. We receive _____ per week.

Our family's gross income meets the guidelines listed below:

EFFECTIVE JULY 1, 2009 PEOPLE IN THE HOUSEHOLD	200%
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020
Add this amount for each additional person in the household with more than 8 people	\$7,480

Please circle the amount in the table above that most closely represents your family's annual income. This will help us determine if you are eligible for a preschool scholarship or other assistance (based on assessment of need.)

Please check the appropriate box in response to the following questions:

	Yes	No
Is the child eligible for special education services or has your child been identified with a developmental delay and/or chronic health issues causing development or learning problems?		
Has the child's behavior prevented participation in a group setting, or has your child received a mental health referral?		
Is the child's primary home language something other than English?		
Did the child's parent graduate from high school?		
Has there been abuse or neglect of the child or parent?		
Has there been parent loss by death, divorce, incarceration, military service or other absence?		
Does this child's sibling have a chronic illness, behavior issues, or a disability, or has died?		
Was the child's parents younger than 20 at the birth of their first child?		
Is the child's family homeless or without a stable residence?		

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Does the child reside in a high-risk neighborhood? (high poverty, crime, limited access to community services)		
Did the child have prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays?		

Tell us any additional information about your child to assist with referral.

I verify the above information is true.

I understand that a voluntary declaration of income and number of persons in my family is necessary to make sure funds are directed to families least able to secure services from other sources. I understand that I am required to verify my/our family's income. Failure to provide correct verification may result in our application being denied.

I understand that any amount of tuition scholarship received will go directly to the preschool. The preschool will be responsible for submitting a bi-weekly statement and will track my child's attendance to remain eligible for the tuition assistance. It is expected that my/our child's attendance will be at least 90%. If attendance does not meet 90% and my child's absences are unexcused (examples of excused absences include child illness, family crisis,) then the preschool provider will talk with me. Ongoing attendance problems may result in the loss of preschool tuition scholarship assistance.

I understand that my child will participate in assessment and evaluation by the preschool and that I will be expected to meet with the teacher to discuss my child's progress.

I understand that I will be expected to participate in activities designed to support the preschool. Options for participation will be provided to me by my child's teacher/program.

I understand that involvement in my local Great Start Collaborative and/or Parent Coalition is strongly encouraged.

I hereby release this information to be share among participating Great Start Early Childhood Scholarship Programs.

Parent/Guardian Signature

Date

Please indicate with #1 and #2 your First and Second choices of preschool/child care program which you would like your child to attend:

1. Name and address of program _____

2. Name and address of program _____

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Phone intake: Verbal permission to release this information taken above:

Referring Agency: _____
Name Telephone number

Head Start review: _____
Name Date

Action Taken:

Head Start waives this placement (H.S. Staff signature) _____

Program Assignment: _____
Date

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