



Great Start Kent County Early Childhood Scholarship Family Application

This is an application for a scholarship to preschool for a child who is three years old on December 1, 2012 and lives in Kent County, Michigan. By applying, the parent/guardian understands:

- This is not a guarantee of a scholarship.
- They will enroll their child in a free preschool program the next school year (2012 – 2013) pending availability.

Child's Name _____

Birth Date _____ **Sex:** ___ M ___ F

Child Race/Ethnicity:

___ African American ___ Asian ___ Caucasian
 ___ Hispanic or Latino ___ Multi Racial ___ Native American ___ Other

Child's Address _____
Street _____ City _____ Zip _____

Parent's Address _____
Street _____ City _____ Zip _____

If same as child check here ___

School District _____

How did you hear about the scholarship program? _____

Parent's/Guardian's Name _____

Home Phone _____ **Cell Phone** _____

If no phone, alternate contact: _____

Email _____

Please answer the following questions about your family, your child and your preschool needs. Your answers will help us determine if your child qualifies for an early childhood scholarship or other programs.

Is your family's gross income no more than the guidelines listed below? (This only includes parents/guardians living with the child.)

___ Yes ___ No

Check the row in the table below that most closely represents your family's household size and annual income. (Income can be less than the numbers listed).

200% of Poverty Income Guidelines (January 2011)

No. in Family (check)	Number of People in Household	Annual Income (including child support)
	2	\$29,420
	3	\$37,060
	4	\$44,700
	5	\$52,340
	6	\$59,980
	7	\$67,620
	8	\$75,260
	For over 8 people in the household add for each additional person:	\$7,640

Are you currently employed? ___ Yes ___ No

Do you go to school? ___ Yes ___ No

Do you receive a child care subsidy from DHS? ___ Yes ___ No

You will be asked to show proof of income.

Child's Current Status

Does your child stay home with parent? ___ Yes ___ No

Is your child cared for by a relative? ___ Yes ___ No

 If yes, how many hours a week? _____

Is your child cared for by someone else in their home? ___ Yes ___ No

 If yes, how many hours a week? _____

Is your child enrolled in a child care center or preschool? ___ Yes ___ No

 If yes, where? _____ How many hours? _____

 What is the cost? _____

 Who pays for it? (List all who pay for it.) _____

Is your child enrolled in Head Start? ___ Yes ___ No

 If yes, where? _____

Is your child participating in other services? ___ Yes ___ No (This might be Early Head Start, Bright Beginnings, public school classes, other home visits)

 If yes, what? _____

Families awarded scholarships agree to:

- Attend an orientation session and a parent meeting in February 2013 on transitioning to a 4-year-old program for the following year.
- Choose a preschool from the list of approved programs.
- Ensure your child maintains attendance of at least 85% while receiving scholarship funds. If you are unable to attend, you will contact the program immediately.
- Commit to enroll your child in Head Start, a Great Start Readiness Program or other quality preschool program for their four-year-old year. Information on this process will be explained in a parent meeting in early 2013.
- Share information from this form with scholarship program partners.
- Complete an evaluation of this scholarship program at the end of the year.
- Provide transportation to and from the preschool program, unless specifically told otherwise.
- Have your child participate in assessment and evaluation by the program and meet with the teacher to discuss your child's progress.
- Participate in activities designed to support the program. Options for participation will be provided by your child's teacher/program.

I certify that all the information being submitted is true and accurate. I understand that a voluntary declaration of income and number of persons in my family is necessary to determine if my child qualifies. Failure to provide correct or complete information and documentation may result in our application being denied.

Signature of Parent/Guardian

Date

Relationship to Child

Please send with this application:

- Proof of income (examples include: tax return, check stubs for one month, DHS reports of subsidies, unemployment check stubs, pension/social security/retirement, worker's comp, military pay, scholarships/grants, etc.)
- Proof of parent's school registration (such as a current semester schedule)

If you have questions, contact Paula Brown at (616) 632-1007 or pbrown@firststepskent.org

Send this application and supporting documents to:

Attn: Judy Freeman
Great Start Collaborative/First Steps
118 Commerce Avenue SW
Grand Rapids, MI 49503

For Intake Use Only	
Resident of Kent County	
3 years old (birthdate between 12/2/2008-12/1/2009)	
Income Level	
Qualifying Factors	
Total	