Early Learning Scholarship – Pathway I Application

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 help your child get ready for kindergarten. 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 (ParentAware.org).

Note: Children may only receive one scholarship within a 12-month period 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 the Parent Aware website (ParentAware.org). You may use these same resources if your child is currently attending a program but you would like to explore other options. Be sure to tell the Area Administrator about your program choice if you are awarded a scholarship.

Scholarship amounts are based on the Parent Aware rating level of the program you choose.

<table>
<thead>
<tr>
<th>Parent Aware Program Rating Level</th>
<th>Scholarship Amount: Center-Based, School-District/Charter School, and Head Start</th>
<th>Scholarship Amount: Licensed Family Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Aware Four-Star Rating</td>
<td>Up to $15,000 per child</td>
<td>Up to $12,000 per child</td>
</tr>
<tr>
<td>Parent Aware Three-Star Rating</td>
<td>Up to $9,000 per child</td>
<td>Up to $9,000 per child</td>
</tr>
<tr>
<td>Parent Aware One- or Two-Star Rating</td>
<td>Up to $6,000 per child</td>
<td>Up to $6,000 per child</td>
</tr>
<tr>
<td>Signed Participation Agreement</td>
<td>Up to $5,000 per child</td>
<td>Up to $5,000 per child</td>
</tr>
</tbody>
</table>

Is my child eligible?

Children must meet age eligibility criteria listed below at the time they are awarded. Children age out of eligibility for the Early Learning Scholarships Program either (a) the day they are age-eligible for kindergarten (age 5 on September 1), or (b) the day the child is enrolled in and attending kindergarten, whichever is earlier. Once a child is awarded a scholarship, they are eligible to continue to receive a scholarship until they age out.
Children must meet one of the following age criteria:

- Children ages 3 to 4 on September 1 of the current school year, or age 5 if not yet aged out of eligibility.
- Children ages 0 to 4 on September 1 of the current school year, or age 5 if not yet aged out of eligibility, who meet one 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)* (must also meet income eligibility requirements); or
  - The child is in foster care or receiving child protective services*; or
  - The family has experienced homelessness in the previous 24 months (must also meet income eligibility requirements)*; or
  - The child has a sibling who has already been awarded a scholarship and attends the same program, as long as funds are available. Applications for eligible siblings do not require proof of income eligibility.

*Note: Priority for funding is given to children who meet the eligibility criteria with an asterisk (*).

Beginning January 1, 2024, age eligibility will expand to all children ages 0 to 4. Priority for scholarships will be given to children listed in the priority criteria above.

Note: Awards are made as long as funds are available. If a child is determined to be eligible for an early learning scholarship and funds are not available, they will be added to the waitlist.

Additional Requirements

Only a parent or legal guardian of the child/children may apply for an Early Learning Scholarship – Pathway I, 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 household 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 the poverty guidelines published in the Federal Register on January 19, 2023 and is valid for awards from July 1, 2023 through June 30, 2024.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Gross Income</th>
<th>Family Size</th>
<th>Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$36,482</td>
<td>6</td>
<td>$74,518</td>
</tr>
<tr>
<td>3</td>
<td>$45,991</td>
<td>7</td>
<td>$84,027</td>
</tr>
<tr>
<td>4</td>
<td>$55,500</td>
<td>8</td>
<td>$93,536</td>
</tr>
<tr>
<td>5</td>
<td>$65,009</td>
<td>9**</td>
<td>$103,045</td>
</tr>
</tbody>
</table>

**For family units of more than nine members, add $9,509 for each additional member.
How do I Apply for an Early Learning Scholarship?

1. Complete the application in blue/black ink or electronically. Information that is required is marked with an asterisk (*).
   - If the child is in foster care, the county or tribal social service agency must complete and sign the application. The foster parent cannot apply directly for a scholarship.

2. Attach the required documentation to demonstrate your eligibility. See Page 6 for requirements for Option 1 (proof of participation in a publically funded program) or Page 7 for requirements for Option 2 (proof of income).
   - If applying in the “parent under 21 eligibility” category, the applicant parent must provide written proof of their pursuit of a high school diploma or GED® on the letterhead of the education organization providing the course(s) of study the parent attends.

3. Read the Agreement to Comply with Requirements and Tenessen Warning.
4. Sign and date the application in blue/black ink or electronic signature.
5. Submit your original application to the Area Administrator by following the instructions provided at the bottom of the Application Checklist on the next page.
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 Tennessen 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.
    ▪ 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® on 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:

<table>
<thead>
<tr>
<th>Families First of Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring positive beginnings...</td>
</tr>
</tbody>
</table>

Mailing Address:
Families First of MN
Early Learning Scholarships
126 Woodlake Dr SE
Rochester MN 55904

Phone: 888-450-2773
Email: ELSinfo@familiesfirstmn.org Fax: 507-287-2411

The Area Administrator will send you a letter to let you know the status of your child’s or children’s Early Learning Scholarship – Pathway I. 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.
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.

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 children’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: ____________________________

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  ☐ White

Has this child received an Early Childhood Screening?  ☐ Yes  ☐ No

If yes: Location: ____________________________ Date: ______________

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

Is a sibling of this child already attending this program with an active scholarship?  ☐ Yes  ☐ No

If yes, child(ren)’s first and last names: ____________________________
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: ____________________________________________________________

*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  □ White

Has this child received an Early Childhood Screening? □ Yes  □ No

If yes: Location: _____________________________________________________________  Date:__________

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

Is a sibling of this child already attending this program with an active scholarship? □ Yes  □ No

If yes, child(ren)’s first and last names: ____________________________________________

**Child Three**

*Child’s Legal Name: ____________________________________________________________

*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  □ White

Has this child received an Early Childhood Screening? □ Yes  □ No

If yes: Location: _____________________________________________________________  Date:__________

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

Is a sibling of this child already attending this program with an active scholarship? □ Yes  □ No

If yes, child(ren)’s first and last names: ____________________________________________
Parent/Legal Guardian Information

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

Note: If any child is in foster care, please skip this section and complete the “Foster Care Information” section on the next page.

*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)

☐ Other: ____________________________________________

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

Phone Number: ________________________________  Email Address: ______________________________

Do you consent to receive text messages from your Area Administrator?  Msg/data rates may apply.  ☐ Yes  ☐ No

Mailing Address (If different from resident address): ____________________________________________

City: ________________________________  State: ______  ZIP: _______  County: _______________

Additional Contact 1

If there is another contact such as another parent/legal guardian, additional family member, case worker, program staff, interpreter, or other adult that you want to include on your application, list them here. If there are two parent/legal guardians, the second parent/legal guardian should be listed here. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

Name: __________________________________________________________

  First  Middle  Last

Resident Address: ____________________________________________  Apt/Unit #: __________________

City: ________________________________  State: ______  ZIP: _______  County: _______________

Phone Number: ________________________________  Email Address: ______________________________

Do you consent to receive text messages from your Area Administrator?  Msg/data rates may apply.  ☐ Yes  ☐ No

Relationship to child/children: ____________________________________________

Additional Contact 2

Optional: If there is another contact such as an additional family member, case worker, program staff, interpreter, or other adult that you want to include on your application, list them here. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

Name: __________________________________________________________

  First  Middle  Last

Resident Address: ____________________________________________  Apt/Unit #: __________________

City: ________________________________  State: ______  ZIP: _______  County: _______________

Phone Number: ________________________________  Email Address: ______________________________

Do you consent to receive text messages from your Area Administrator?  Msg/data rates may apply.  ☐ Yes  ☐ No

Relationship to child/children: ____________________________________________
If you are not applying for a child in protective services and/or foster care, skip this page.

**For a Child in Protective Services**

If your child is not receiving child protective services, leave this section blank.

Referring Agency: _______________________________ Date: _______________________________

Referring Staff Name: _______________________________ Title: _______________________________

Phone Number: _______________________________ Email Address: _______________________________

**Foster Care Information**

_This section must be completed by the foster care county or tribal social service agency worker._

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. The county or tribal social service agency worker should notify the Area Administrator of any changes that could impact the child’s scholarship.

At the end of the application, the county or tribal social service agency worker should sign as the parent/guardian.

**County or Tribal Social Service Agency Information**

County or Tribal Social Service Agency: _______________________________

County or Tribal Social Service Agency Address: _______________________________

Worker Name: _______________________________

Phone Number: _______________________________ Email Address: _______________________________

**Residence of Child**

Current Resident Address: _______________________________ Apt/Unit #: __________________

City: _______________________________ State: _____ ZIP: ___________ County: ___________

_**Resident School District**_ of the child based on the address of the home from which the child was removed:

________________________________________

**Foster Care Parent Contact**

Foster Parent’s Name: _______________________________

First Middle Last

Phone Number: _______________________________ Email Address: _______________________________
Family 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. If more spaces are required for additional names, attach another sheet of paper.

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>Middle Initial</th>
<th>Child’s Last Name</th>
<th>Child’s Age</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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: ____________________________

Has your family experienced any of the following living situations at any point in the last 24 months (including now) due to economic hardship or loss of housing? Check any that apply.

☐ Shelter    ☐ Moving from place to place    ☐ Doubling up temporarily with other family or friends

☐ Hotel, motel, trailer, or campground (due to loss of housing, economic hardship, or similar reason)

☐ Car, outside, or public space

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

☐ Less than high school    ☐ High school or GED    ☐ Some college or no degree    ☐ 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

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: ____________________________

Child’s First Name
List all children in household including scholarship applicant children.

Middle Initial

Child’s Last Name

Child’s Age

NA NA NA NA

NA NA NA NA

NA NA NA NA

NA NA NA NA
Proof of Income Eligibility

Families must demonstrate their income eligibility.

Option 1: Participation in Public Programs

- If you respond yes to one or more of questions 1 through 8, attach documentation for one of your public programs to your application.
- 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., MEC2 bill from CCAP); or screenshot from a program’s official system of record (i.e., free or 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.
- Unacceptable proof includes: a waitlist letter, an unapproved application, documentation without a date, and/or expired documentation.

<table>
<thead>
<tr>
<th>Public Program</th>
<th>Select Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child or a sibling participate the Free and Reduced-Price Meals Program (FRPM)?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, attach FRPM documentation such as an authorization letter, an approved application with program signature, or documentation from your program’s official system of record.</td>
<td></td>
</tr>
<tr>
<td>2. Do you currently participate in the Child Care Assistance Program (CCAP)?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, attach CCAP documentation such as a Notice of Decision letter.</td>
<td></td>
</tr>
<tr>
<td>3. Is your child currently enrolled in a Head Start program?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, attach documentation of participation in Head Start such as an acceptance/authorization letter from the Head Start agency or approved enrollment form with program signature.</td>
<td></td>
</tr>
<tr>
<td>4. Is your child currently in Foster Care?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, the foster care county or tribal social service agency worker must submit the application and complete the “Foster Care Information” section of the application. No documentation is needed.</td>
<td></td>
</tr>
<tr>
<td>5. Do you currently participate in the Supplemental Nutrition Assistance Program (SNAP)?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, attach SNAP documentation such as a letter or status statement from your county, or other county documentation. A copy of your EBT card is not acceptable documentation.</td>
<td></td>
</tr>
<tr>
<td>6. Do you currently participate in the Minnesota Family Investment Program (MFIP)?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, attach MFIP documentation such as a letter or status statement from your county, or other county documentation.</td>
<td></td>
</tr>
<tr>
<td>7. Do you currently participate in the Child Adult Care Food Program (CACFP)?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, attach CACFP documentation that shows your child’s participation such as an authorization letter or an approved application with program signature. Note: Families are not income-eligible for scholarships based solely on CACFP provider area eligibility. Families must be eligible based on their own income.</td>
<td></td>
</tr>
<tr>
<td>8. Do you currently participate in a Food Distribution Program on an Indian Reservation?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If yes, attach Food Distribution Program documentation such as an authorization letter or a status statement.</td>
<td></td>
</tr>
</tbody>
</table>

If you responded yes to one or more of questions 1 through 8, skip pages 7 and 8
If you responded no to questions 1 through 8, you will need to use Option 2 to demonstrate your income. Complete the Adults in the Household and their Income table on the following page and submit valid income documentation for review of eligibility.
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 in and can provide documentation for one of the Option 1 public programs listed on Page 6.

Option 2: Household Income Eligibility

Step 1: Complete the “Adults in the Household and their Income” Table.
- List adult household members (including yourself) in the table.
- 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.”
  - Household members includes all people living in the household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. Households do not include other people who are economically independent, such as a roommate.
  - Include any college students temporarily away from home.
  - Include all adults, even if they do not have an income.
- If they do receive income, report the total gross income only. Enter income(s) in whole dollars.
- If they do not receive income from any source, check the “No Income” box.

Step 2: Attach proof of income for each adult listed. Include proof for all types of income earned.
- Acceptable proof includes the previous year’s W-2 form, most recent (consecutive) 30 days of pay stubs for each income earner, financial aid statement, or a statement from an employer on company letterhead.
  - Families should submit the most current documentation available.
  - Pay stubs must be dated within six months of the award.
  - If other types of documentation are not available, the previous year's income tax filing documents may be used. The tax documents must be a copy of the signed version submitted to the Internal Revenue Service (IRS) or include the confirmation notice if submitted electronically.
- If the household has no income, one of the adults in the household must complete the Household Declaration of No Income on Page 8.

Sources of Income for Adults

Gross Pay from Work
- Salary, wages, cash bonuses (before deductions or taxes)
- If you are in the U.S. Military:
  a. Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
  b. Allowances for off-base housing, food and clothing

Self-Employed or a Farmer
- Net income from self-employment (farm or business)

Child Support, Alimony
- Child support payments, Alimony payments

All Other Incomes
- Other Cash Assistance from State or local government (do not include any Option 1 programs listed on Page 6)
- Unemployment benefits
- Worker’s compensation
- Veteran’s benefits
- Strike benefits
- Social Security, disability benefits
- Regular income from trusts or estates
- Annuities, Investment income, Rental income
- Regular cash payments from outside household

Adults in the Household and their Income

<table>
<thead>
<tr>
<th>Names of All Adult Household Members (First and Last)</th>
<th>Gross Pay from Work</th>
<th>Are you Self-Employed or a Farmer?</th>
<th>Child Support, Alimony</th>
<th>All Other Incomes</th>
<th>No Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>List all adult household members (including yourself) or if they do not receive income. Include children who are temporarily away at school or in college.</td>
<td>weekly, biweekly, monthly, yearly</td>
<td>report income before deductions or taxes in whole dollars (no cents). ($)</td>
<td>monthly, yearly, farm or self-employment net income. do not duplicate elsewhere. ($)</td>
<td>weekly, biweekly, monthly</td>
<td>payments received ($)</td>
</tr>
</tbody>
</table>

Early Learning Scholarship – Pathway I Application, Revised 7/1/2023
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.

- Households with no income still need to list all adults in the household on Page 7.
- Do not complete this page if income for one or more adults is listed on Page 7.
- Do not complete this page if you answered “yes” to questions 1-8 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 Scholarships – Pathway I Application*.

I, ____________________________________________

*Print full legal name*

declare that we as a household currently 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.

- 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.
- 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.
- My child will remain eligible to receive a scholarship through August 31 of the year he/she is age-eligible for kindergarten, or 5 years old on September 1, as long as state funding is available.
- I will notify the Area Administrator when my child stops attending the program where we are using a scholarship.
- I will notify the Area Administrator if I move or my contact information changes.
- Within 10 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 than 10 months if I do not communicate with the Area Administrator about my plans for using the scholarship.
- Regular and consistent attendance is expected. Early Learning Scholarships does not pay for more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will not be covered by scholarships and charges must be paid at my own expense unless an official exemption has been extended to my child(ren).
- 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 I am a family child care provider participating in Parent Aware, I understand that I am not able to use my own child’s Early Learning Scholarship at my licensed family child care.

Required Consent to Share Your Information

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

- The 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 I choose. This is needed to ensure accuracy between the application and the Award Planning Agreement and information retained by the program.
- The 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 (FRPL), and the Child and Adult Care Food Program (CACFP). 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.
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 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.

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 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 Scholarship – Pathway I 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.
Optional Consent: Release Information and Participate in an Evaluation

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

___ 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.

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.
4. I agree that I have read and understand the Tenessen Warning.

Signature of Parent or Legal Guardian

Sign in blue/black ink or electronically, not in pencil.

*Parent/Guardian’s Legal Name: ________________________________

First ____________________________ Middle ____________________________ Last ____________________________

*Signature: ________________________________  *Date: ________________________________

Signature Date: MM/DD/YYYY

Submit Your Application

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

Families First of MN
126 Woodlake Dr SE
Rochester MN 55904

Phone: 888-450-2773
Email: ELSinfo@familiesfirstmn.org Fax: 507-287-2411