

Box is for Administrator Use Only:

Program Name: _____

Application Fiscal Year: _____

Early Learning Scholarship – Pathway II 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: _____

Additional Children

Are you applying for more than one child? Yes No

If you are applying for more than one child, use the extra page at the end of the application.

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.

*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 program/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 program/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 program/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 Pathway II program if there is a need to discuss the information on this form. The county or tribal social service agency worker should notify the Pathway II program 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: _____

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 6 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.

Child's First Name List all children in household including scholarship applicant children.	Middle Initial	Child's Last Name	Child's Age

What language does your family speak most at home?

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: _____

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 Pathway II program when my child stops attending the program where we are using a scholarship.
- I will notify the Pathway II program if I move or my contact information changes.
- Regular and consistent attendance is expected. Early Learning Scholarships cannot 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 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 I choose. This is needed to ensure accuracy between the application and the 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 (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.
- 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 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 Scholarship/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.*

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 Scholarship – 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.

Optional Consent: Release Information and Participate in an Evaluation

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.

Parent/Guardian Signature

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 Tennessee 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: _____
MM/DD/YYYY

Submit your completed application and eligibility documentation to your Pathway II program.

Program Representative Signature/Award Verification Date

I acknowledge that the required information on this *Early Learning Scholarship – Pathway II Application* has been reviewed and approved as true for the purpose of awarding a Pathway II scholarship within our program. I also acknowledge that we have discussed the Early Learning Scholarship options and benefits with the family and that they have accepted the Pathway II scholarship from our program.

*Program Representative Name: _____
First Last

*Signature: _____ *Date: _____
Award Verification Date - MM/DD/YYYY

*Pathway II Program Name: _____

*Site Name (if applicable): _____

*Child 1 Award Start Date: _____ *Child 1 Award Amount: _____

Child 2 Award Start Date: _____ Child 2 Award Amount: _____

Child 3 Award Start Date: _____ Child 3 Award Amount: _____