JASPER, MARION & POWESHIEK (JMP)

EARLY CHILDHOOD IOWA AREA

2026-27 PRESCHOOL SCHOLARSHIP APPLICATION

Child Information: To be completed by parent/guardian

Full Name: _____ ( ) Female ( ) Male

Date of Birth: _____/_____/_____ Age on Sept. 15, 2026: ____ Years ____ Months

Name of preschool that child will be attending: _____

Days attending preschool (check all that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Time Attending: ☐ AM Session ☐ PM Session ☐ Full Day **Tuition per month**: $_____

Race/ Ethnicity of Child (circle):

White Hispanic/Latino More than one race

African American Native American or Alaskan Native Native Hawaiian or Pacific Islander

Asian

Family Information: To be completed by parent/guardian(s)

Parent/Guardian 1:

Name:_____

Address: _____

_____

Phone: _____

Email: _____

Employer: _____

Parent/Guardian 2:

Name:_____

Address: _____

_____

Phone: _____

Email: _____

Employer: _____

Current Household: Number of Adults _____ Number of Children _____ Total _____

Household Marital Status (circle):

Married Single Widowed Partnered Divorced Separated

Educational level of head of household (circle):

Middle school or lower Some high school High School diploma

GED Trade or vocational 2 years of college

4 years of college Masters or higher

Please let us know if you have applied and or qualified for the following programs:

	Applied		Qualified		Status Pending
Child Care Assistance	Y	N	Y	N	O
Head Start	Y	N	Y	N	O
FIP	Y	N	Y	N	O
WIC	Y	N	Y	N	O

Income:

What is your household's gross monthly income (before taxes are taken out)? _____

(Include wages, unemployment income, workman's compensation, child support, alimony, social security, other)

What income verification (such tax returns or paycheck stubs) are you providing? (check all that apply)

☐ Most recent tax filing

☐ 3 current paystubs for each income earner

☐ Child Care Assistance Denial Letter/Notification (necessary if proof of income is less than 161%FPL)

☐ Parent Attestation Form

Parent/Guardian Signature:

By signing below, I verify that the information supplied herein is true, accurate, and complete to the best of my knowledge. I also authorize the Preschool to verify the information on this application, and to release this information to the JMP Early Childhood Area Board when requested. I understand that any amount of tuition scholarship received will go directly to the preschool my child is attending. It is expected that my child's preschool attendance will be 90%. If attendance does not meet 90% and absences are unexcused (examples of excused absence: child illness, family crisis), the preschool program director will meet with the JMP ECI Director about absences. Ongoing attendance issues may result in the loss of my preschool tuition scholarship.

Parent/Guardian Signature_____ Date_____

Completed Applications AND income verification documents (page 1 of your most recent Federal Income Tax Return, last 3 employment check stubs for all employed adults in the household, or social security payment stub etc.) should be returned to the address below. Applications will be reviewed beginning August 15.

Completion of this application does not guarantee a JMP Preschool Scholarship. You will be notified by your preschool if your child will receive a scholarship for the 2026-27 school year. Decisions will be made as soon as possible.

Thank you for applying. If you have questions about the JMP Preschool Scholarship program please contact Amy Blanchard, JMP ECI Director, at 641-236-1561 or via email at amy@greaterpcf.org COMPLETE Applications can be emailed to the above address or mailed to:

JMP Early Childhood Area
Attn: Amy Blanchard
PO Box 344
Grinnell, IA 50112

For JMP Use Only: _____ Approved _____Not Approved

FPL: ≤ 100% 101-160% 161-200% > 200%