Positive Bright Start

Serving Children Supporting Caregivers Strengthening Our Community

July 2021 - June 2022
Early Education Tuition Scholarship Application
Funding Sources: United Way of Douglas County, Douglas County Early Childhood Block Grant, and Community Grants
Revised April 14, 2021

Applicant Eligibility: Positive Bright Start offers early education scholarships to income eligible families who reside in Douglas County with a combined gross annual household income less than 240% Federal Poverty Level. We support our funder's commitment to ending racial injustice and poverty in Douglas County. A minimum of $10,000 in funding will be reserved for BIPOC families and priority will also be made for families with a combined gross annual household income of 100-160% Federal Poverty Level. Families awarded scholarships must enroll their child(ren) in a participating scholarship school. The scholarships are student-specific and are intended to be used toward the tuition of a single student. ***All scholarship awards are subject to the availability of funds and continued family eligibility.***

Application Process: Applications will be accepted beginning ***May 10, 2021***. Applications will be processed and prioritized in order of income eligibility. After processing, all applicants will receive written notification of their status. Approved applicants will be awarded a scholarship based on their income level. When funds are fully allocated, qualified applicants will be placed on a waiting list for a potential future scholarship award. Ineligible applicants will receive a denial notification.

Incomplete applications will cause a delay in processing. Please complete the application in full and attach all required supporting documentation. *Supporting documentation, demographics, and consent forms are part of a complete application.* The following documentation will be required:

* 1040 Tax Return or Allowable Income Verification Substitution Listed on Application
* Supporting Documentation of Non-Employment Income (i.e. child support, unemployment, disability)
* For Parent-Students: Student Enrollment Status (hours enrolled) and Financial Aid Summary
* For Parents Receiving DCF Assistance: DCF Child Care Family Plan Letter
* Data Collection Consent Form and Child and Caregiver Demographics Forms

Questions about this scholarship program may be directed to Sunday Monson; sunday@positivebrightstart.org or (785) 842-9679. Applications can be emailed to sunday@positivebrightstart.org, mailed, or delivered to our agency office at 1900 Delaware, Lawrence. A drop box is located near the agency office entry door for applicants' convenience.

Data Collection Requirement: Our funders require that we collect specific assessments on scholarship participating child(ren) and their classroom(s). The child assessments are the IGDI/ECI (Individual Growth and Development Indicators/Early Communication Indicators) or myIDGI, depending upon the age of the child. The assessments are designed to identify communication and/or literacy and numeracy skills for which your child may need more support in the classroom in order to be Kindergarten ready. *Consent forms and basic demographic information are required in order to conduct these assessments and are included as part of this application.* ***Willingness to provide this data is appreciated as it helps keep funding possible.*** Your child's school will maintain this information and use it to develop educational plans for your child. Once the assessments are complete, you are encouraged to review them with your school administrator or your child's teacher. In addition to assessments mentioned above, the funders request a parent-completed social-emotional screening, ASQ/SE2 and a parent-completed developmental screener, ASQ3. Upon approval for scholarship and with the signed consent, the parents will receive ASQ questionnaires to be completed and returned to the Positive Bright Start agency office by the due date set in the award letter. *We will request additional ASQ forms each semester and again when you exit the scholarship program.*

Legal Disclosure: Funding sources for these programs are provided by United Way of Douglas County, KS Early Childhood Block Grant, and other community grants. These sponsors do not participate in or oversee care of the children and are not liable for any circumstances involving quality of care. Positive Bright Start does not participate in or oversee care of children outside of the Positive Bright Start Preschool program and is not liable for any circumstances involving quality of care in other sites.

Applicant's Rights & Responsibilities

A. I understand the scholarship I receive from the Early Education Tuition Scholarship Fund is subject to the availability of funding, the continuous income eligibility of my family, to any policy changes/decisions & is paid directly to the early education program.
B. I understand that I have a right to have my eligibility determined within 6 weeks.
C. I understand that applications are prioritized by financial need.
D. I understand that I have a right to a fair hearing if I am dissatisfied with the decisions made on my application or if I feel there has been undue delay in acting on my application.
E. I understand that I have a right to equal treatment as other applicant/recipients who are in similar situations.
F. I understand that I have the responsibility to report fully all changes in my circumstances which affect my application.
G. I agree to a full investigation of my eligibility including potential inquiries of employers. I further understand that if the agency needs to contact my employers, I hereby consent to the release of information concerning my income.
H. I understand that falsification of any information in this application will be grounds for termination of the scholarship.
I. I understand that I have the responsibility to report any changes in my circumstances which affect my eligibility.
J. I understand that I have the responsibility to cooperate in current and subsequent agency efforts to establish my eligibility.
K. I understand that the scholarship fund will pay up to 5 absences each month. After 5 absences, the scholarship will decrease in accordance to the fee schedule for each additional absence and that I am responsible to pay for all absences in excess of the 5 paid absences directly to the early education center. When more than five absences in a month is necessary, it is my responsibility to contact the scholarship administrator.
L. I understand that I have the responsibility to pay my family share (tuition and fees not covered by scholarship) in accordance with the policy set by my child's early childhood educational center.

I have read and understand the preceding information. I certify that all of the information in this form is correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Checklist: After completing the following application, please use this checklist to determine if all your supporting materials are attached. **Remember, applications must include supporting financial documentation. Missing documentation will delay processing.**

_____ Tax Return and/or Other Allowed Income Verification Substitution
_____ Supporting Documentation of Non-Employment Income (i.e. child support, alimony, military benefits, etc.)
_____ For Parent-Students: Student Enrollment Status (hours enrolled) and Financial Aid Summary
_____ For Parents Receiving DCF Assistance: DCF Child Care Family Plan Letter
_____ Data Collection Consent Form and Child and Caregiver Demographics Forms

PLEASE COMPLETE EACH SECTION, PRINTING CLEARLY

Applicant Contact Information (parent(s), guardian(s) or responsible party applying for scholarship)

Name(s): _____

Address: _____ Zip: _____

County: _____ Phone: _____ Email: (Agency use only) _____

Child Information

Child's Name	Date of Birth	Gender Identity	Ethnicity/Race of Child	Special Needs (IEP and/or previous diagnosis)

Early Education Center: _____

Full Time or Part Time Attendance: _____ Year Entering Kindergarten: _____

Caregiver Information

1. Name of Primary Parent/Guardian _____ Address _____

2. Any Additional Parent/Guardian _____ _____
   _____ _____
   _____ _____

Who has custody of the child(ren)? _____ Relationship to child(ren):_____

With whom does the child(ren) live? _____ Relationship to child(ren):_____

Household Members (list applicant first)

Name	Date of Birth

Employment Income Verification

List **all** members of the household **over the age of 18** and their employer(s).

Provide a copy of the most recent 1040 tax return form for each adult member of the household.

The applicant may substitute the 1040 form with one of the following ***only if*** the household's financial situation has changed **significantly** since that filing or the household does not file taxes:

*the two most current, consecutive paystubs and a letter explaining why the pay stubs best represent current income
*a letter from the employer stating wages, hours, and expected monthly or yearly earnings

Household Member Over 18	Employed or Unemployed	Name of Employer(s)

Non-employment Income Verification

	Monthly Gross
1. Child Support	

Please attach a copy of your Kansas Payment Center Payment History Report for 2020.

2. Alimony	
3. Pension/Retirement Benefits	
4. Unemployment Compensation	
5. Workman's Compensation	
6. Social Security Benefits	
7. Veteran's Pension	
8. Educational Stipends and/or Paid Living Expenses	
9. Fellowships or Paid Internships	
10. International Financial Support	
11. Tribal Benefits	
12. 3rd Party Living Expense Contributions	
13. Any Other Income: Monetary Gifts, etc.	

Please attach supporting documentation for all that apply.

DCF Child Care Assistance

Does the household receive DCF Child Care Assistance? Yes or No

If yes, list monthly benefit amount and ***provide a copy of your DCF Child Care Family Plan letter.*** _____

DCF Child Care Assistance is not considered income, but does factor into scholarship award amounts.

Parent/Guardian Attending School

Please provide a copy of your student schedule and financial aid summary.

Name of Parent/Guardian		
Name of School attending		
FT/PT (# credits in which enrolled)		
Year in school (FR,SO,JR,SR,Grad)		

WICHITA STATE UNIVERSITY
COMMUNITY ENGAGEMENT INSTITUTE
Center for Applied Research and Evaluation

OFFICE LOCATION |
238 N Mead, Wichita, KS 67202
PHONE | 316.978.3843
TOLL FREE IN KS | 1.800.445.0116
FAX | 316.978.3593
WEBSITE | http://communityengagementinstitute.org
TWITTER | twitter.com/wsuEngagement

Purpose of the Evaluation: The Center for Applied Research and Evaluation (CARE) at Wichita State University's Community Engagement Institute (CEI) is working with the Kansas Children's Cabinet and Trust Fund (KCCTF). The goal is to find out how children and families are doing in programs being paid for by the KCCTF. The research will look at children ages 0-5 years old and their development. The research will help funders decide what helps to make children ready for school.

Participant Selection: You have been asked to help with this research because you are a parent who has a child in a program paid for by the KCCTF.

Explanation of Procedures: Your child or your family may be asked information. These tools include:

Tools Program/Agency Staff Will Fill Out:

- Ages and Stages Questionnaire – Social-Emotional (ASQ-SE2)
- Ages and Stages Questionnaire – Developmental (ASQ-3)
- Devereux Early Childhood Assessment (DECA)
- Indicators of Individual Growth and Development for Infants and Toddlers and/or Preschoolers (IGDIs and myIGDIs)
- Intake and Demographics Information for Parent/Caregiver and Child

Discomfort/Risks: The tools ask questions about you or your child. Completing these tools and/or the information you learn from them may make you feel uncomfortable. You can skip over questions you don't want to answer or quit at any time.

Benefits: You will be helping with the research on KCCTF funded programs. The reason for this project is to show how well programs are helping children and their families all over Kansas. It is important to show that the programs improve children's readiness for school over time. This can only be done by getting information from children and families in these programs across different points in time.

Confidentiality: Information from your forms will be entered into an electronic database. The electronic database is safe, secure and password protected. You will be asked to put your name and your child's name on the forms. This information will allow for the assignment of a unique study number to you by your program. This is to protect your confidentiality. The names and study numbers assigned will not be shared with anyone other than the grant or program you are participating with but it will be stored in the secure data system created for the KCCTF. Your anonymous data will be combined

with data from other families for reporting purposes by the KCCTF and their contractors. Your name or your child's name will never be shared with anyone outside of the secure data system.

Refusal/Withdrawal: You do not have to do any of the forms if you don't want to. Your decision whether or not to help with this research will NOT affect your future relations with Wichita State University, CARE, the program(s) your child is in, or the KCCTF or their agents. You are free to skip any question or quit at any time. You have the same rights with all the forms.

Contact: If you have any questions about the research, you can contact Dr. Lynn Schrepferman of CARE by phone at 316-978-6772 or by email: lynn.schrepferman@wichita.edu. If you have questions pertaining to your rights as a research participant, you can contact the Office of Research and Technology Transfer at Wichita State University, Wichita, KS 67260-0007, telephone 316-978-3285.

Being a part of the evaluation of KCCTF funded programs depends on you signing this consent form for you and your child. By signing this you show that you have read this form and you have decided to participate.

You will be given a copy of this consent form to keep.

Name of Participant (Parent/Caregiver)	Date
Signature of Participant (Parent/Caregiver)	Date
Name of Child	Date
Witness Signature	Date

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Intake and Demographic Form for Child Profiles

CHILD

Child Information

Child First Name _____ **Child Last Name** _____

Child Date of Birth _____ **Enrollment Date** _____

Number of weeks premature _____ (0=not premature)

Does the child have an IEP or IFSP? ☐ IEP ☐ IFSP ☐ None

Name of primary caregiver (parent/guardian): _____

Child's relationship to primary caregiver (select one)

☐ Son	☐ Daughter	☐ Niece	☐ Nephew
☐ Sibling	☐ Foster Child	☐ Grandchild	☐ Other

Was this child referred to your program by the Department for Children and Families?

☐ Yes ☐ No

CHILD

Contact Information

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____

CHILD

Child Demographics

Child Gender: ☐ Male ☐ Female

Child Ethnicity: ☐ Hispanic/Latino/Spanish Origin ☐ Non-Hispanic/Non-Latino/Not Spanish Origin

Child Race (select all that apply):

☐ African American or Black	☐ American Indian or Alaska Native
☐ Asian	☐ Native Hawaiian or Other Pacific Islander
☐ White	☐ Other

CHILD

Does this child speak a language other than English at home? ☐ Yes ☐ No

Child Primary Language (select one):

☐ English	☐ Arabic	☐ Chinese	☐ French
☐ Italian	☐ Japanese	☐ Korean	☐ Polish
☐ Russian	☐ Spanish	☐ Tagalog	☐ Tribal Language
☐ Vietnamese	☐ Other		

Child Insurance Status (select one):

- ☐ Medicaid/State Medical Insurance Program (Title XXI/CHIP)
- ☐ No Insurance Coverage
- ☐ Private or other
- ☐ Tri-care (Military Insurance)

At-Risk Criteria

CHILD

Is the child participating in Part B Assistance for Education of All Children with Disabilities?

☐ Yes ☐ No

CHILD

Is the child participating in Part C Early Intervention services?

☐ Yes ☐ No

CHILD

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Intake and Demographic Form for Caregiver Profiles

CAREGIVER

Caregiver Information

Caregiver First Name _____ **Caregiver Last Name** _____

Caregiver Date of Birth _____ **Enrollment Date** _____

Is this the primary caregiver of the child? ☐ Yes ☐ No

If 'No,' write the primary caregiver's name here : _____

Caregiver's relationship to primary caregiver (select one)

☐ Self	☐ Spouse	☐ Partner	☐ Child
☐ Parent	☐ Grandparent	☐ Aunt	☐ Uncle
☐ Niece	☐ Nephew	☐ Sibling	☐ Other

CAREGIVER

Contact Information

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____

Caregiver Demographics

Caregiver Gender: ☐ Male ☐ Female

Caregiver Ethnicity: ☐ Hispanic/Latino/Spanish Origin ☐ Non-Hispanic/Non-Latino/Not Spanish Origin

Caregiver Race (select all that apply):

☐ African American or Black	☐ American Indian or Alaska Native
☐ Asian	☐ Native Hawaiian or Other Pacific Islander
☐ White	☐ Other

Caregiver Education (select one):

☐ Currently enrolled in high school	☐ HS diploma
☐ Of high school age, not enrolled	☐ Some college/training
☐ Less than HS diploma	☐ Technical training certification/Associate degree
☐ GED	☐ Bachelor degree or higher

CAREGIVER

Caregiver Employment Status (select one):

☐ Employed full-time ☐ Employed part-time ☐ Not employed

Is the caregiver a migrant worker? ☐ Yes ☐ No

Caregiver Marital Status (select one):

☐ Never married ☐ Married ☐ Divorced ☐ Widowed

Caregiver Insurance Status (select one):

☐ Medicaid/State Medical Insurance Program (Title XXI/KanCare)
☐ No Insurance Coverage
☐ Private or other
☐ Tri-care (Military Insurance)

Caregiver Military Status (select one):

☐ Current Armed Forces Member ☐ Former Armed Forces Member ☐ None

Primary and/or secondary caregiver military status (select one):

☐ Current Armed Forces Member ☐ Former Armed Forces Member ☐ None

Does this caregiver speak a language other than English at home? ☐ Yes ☐ No

Caregiver Primary Language (select one):

☐ English	☐ Arabic	☐ Chinese	☐ French
☐ Italian	☐ Japanese	☐ Korean	☐ Polish
☐ Russian	☐ Spanish	☐ Tagalog	☐ Tribal Language
☐ Vietnamese	☐ Other		

Household Information

# of people in household (include everyone): _____ **# of children under 18 in household:** _____

Housing Arrangement (select one):

☐ Stable housing ☐ Temporary housing ☐ Homeless/living in a shelter

In the last year, has your family had to sleep in a temporary living arrangement? ☐ Yes ☐ No

CAREGIVER

Household Income Sources

Income sources for the household (select all that apply):

- ☐ Wages
- ☐ Unemployment
- ☐ Alimony
- ☐ Social Security
- ☐ Worker's Comp
- ☐ Agricultural
- ☐ Supplemental Security Insurance (SSI)
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ Other

Total Yearly Household Income (select one):

- ☐ Less than $10,000
- ☐ $10,000 – $19,999
- ☐ $20,000 – $29,999
- ☐ $30,000 – $39,999
- ☐ $40,000 – $49,999
- ☐ $50,000 – $59,999
- ☐ $60,000 – $69,999
- ☐ $70,000 – $79,999
- ☐ $80,000 – $89,999
- ☐ $90,000 – $99,999
- ☐ Greater than $100,000

CAREGIVER

Scholarship Site Directory

ABC Bilingual Daycare		***Jessica Egoavil-Braden***
2756 Grand Circle, Lawrence 66047	(785) 979-5563	jessy6976@hotmail.com
Ballard Community Center		***Jessica Benner***
708 Elm St, Lawrence 66044	(785) 842-0729	jessica@ballardcenter.org
Children's Learning Center (CLC)		***Cecelia Courter***
205 N Michigan 66044	(785) 841-2185	cclcrtr@gmail.com
Edna A. Hill Child Development Center		***Erin Herschell***
1000 Sunnyside Ave. 66045	(785) 864-3498	eherschell@ku.edu
Googols of Learning Child Development Center		***Amy Gottschamer***
500 Rockledge Rd 66049	(785) 856-6002	amy@googolsoflearning.com
Hilltop Child Development Center		***Dalene Andrews***
1652 Ousdahl Rd 66045	(785) 864-4940	daleneandrews@ku.edu
Lawrence Community Nursery School (LCNS)		***Stephanie Duncan***
645 Alabama St. 66044	(785) 842-0064	director@lcns.coop
Little Jayhawkers Day Care		***Amanda Yother***
1311 Monterey Way 66049	(785) 813-1485	littlejayhawkersdaycare@gmail.com
Positive Bright Start Preschool		***Kristi McAlister***
		School Services Coordinator (Enrollment)
1600 Haskell, #159 & 160 66046	(785) 842-9679	kristi@positivebrightstart.org
3015 West 31st Street 66047		
Raintree Montessori School		***Heather Eichhorn***
4601 Clinton Pkwy 66047	(785) 843-6800	heather@raintreemontessori.org