

# Early Learning Scholarship – Pathway II Supplemental Application

## Instructions

The *Early Learning Scholarship – Pathway II Supplemental Application* should only be used if provided to a parent or guardian by a program after the child is enrolled in a school-based or Head Start program.

### What is an Early Learning Scholarship?

An Early Learning Scholarship – Pathway II can help your child attend high-quality child care and early education to help your child get ready for kindergarten. A program is eligible to receive Pathway II funds if they are Parent Aware Four-Star Rated. Parent Aware is a rating tool to help parents select high-quality early childhood programs. For more information, visit the [Parent Aware website](https://parentaware.org) (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?

Early Learning Scholarships – Pathway II are awarded to families by an eligible Parent Aware Four-Star Rated program. Pathway II early childhood programs receive scholarship funds from the Minnesota Department of Children, Youth, and Families. These programs then use their funds to award scholarships to families whose children attend the Pathway II program. The scholarships must be used at the awarding Pathway II program. The funding stays with the program to support other children if your child leaves.

### Submit the Application: Pathway II Program Details

Mail or bring your completed, original application to your Pathway II program:

*Funding provided by the Minnesota Department of Children, Youth, and Families using state funding to support administration of early learning scholarships, Minnesota Statutes, section 142D.25.*

*Missing documentation such as proof of program participation or income, or missing signatures may cause a delay.*

*This page is intentionally left blank.*

**Box is for Administrator Use Only:**

Program Name: \_\_\_\_\_  
 Application Fiscal Year: \_\_\_\_\_  
 How did the child meet income eligibility requirements? \_\_\_\_\_

## Early Learning Scholarship – Pathway II Supplemental Application

Complete this form in ink. 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

\*Child's Legal Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
First Middle Last MM/DD/YYYY

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

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 must complete this section.**

**Note:** If any child is in foster care, please skip this section and complete the *Supplemental Foster Care Form* at the end of this application.

**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: \_\_\_\_\_

**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

**What language does your family speak most at home?**

- English  Hmong  Somali  Spanish  Vietnamese
- Other: \_\_\_\_\_

**Do you need an interpreter?**  Yes  No

## 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.
- 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 Children, Youth, and Families (DCYF) to identify my child and validate scholarship payments.
- The Department of Children, Youth, and Families (DCYF) 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, and the Child and Adult Care Food Program. These agencies can also share information about me and my child's eligibility for and use of assistance with the Minnesota Department of Children, Youth, and Families. 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 DCYF 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 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. My 3- to 5-year-old child's screening was completed at the location listed below:

Child One: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Child Two: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Child Three: \_\_\_\_\_ Location: \_\_\_\_\_ 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 State of Minnesota

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 Children, Youth, and Families. 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 DYCf. 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 DYCf 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 DYCf-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 DYCf. 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

Signatures must be in ink, not in pencil.

\*Parent/Guardian's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_  
*MM/DD/YYYY*

### Signature of Secondary Parent (optional, not required)

Parent/Guardian's Legal Name: \_\_\_\_\_  
*First Middle Last*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*MM/DD/YYYY*

## Program Representative Signature

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: \_\_\_\_\_  
*MM/DD/YYYY*

\*Pathway II Program Name: \_\_\_\_\_

\*Program Start Date: \_\_\_\_\_ \*Award Start Date: \_\_\_\_\_ \*Award Amount: \_\_\_\_\_

Complete this page if you are applying for a child in protective services or if you are applying for more than one child.

## 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: \_\_\_\_\_

## Additional Children

If you are applying for more than one child, list them here and attach this page to your *Early Learning Scholarship – Pathway II Application*. Do not enter information again for Child One listed on Page 1 of the application. If you are applying for more than four children, photocopy this page and attach the additional sheet(s) to your application.

### Child Two

\*Child's Legal Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
*First Middle Last MM/DD/YYYY*

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

### Child Three

\*Child's Legal Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
*First Middle Last MM/DD/YYYY*

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

### Child Four

\*Child's Legal Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
*First Middle Last MM/DD/YYYY*

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

The *Pathway II Supplemental Foster Care Form* should only be used if provided to a Foster Care Agency Worker by a program after the child is enrolled. This form is required if a child applying for a Pathway II scholarship is in foster care. Submit this form with the *Early Learning Scholarships – Pathway II Supplemental Application* form.

## Pathway II Supplemental Foster Care Form

### Foster Care Information

**This form must be completed by the Foster Care 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 Foster Care Agency Worker should notify the Pathway II program of any changes that could impact the child's scholarship. The county or tribal social service agency worker should sign as the parent/guardian.

County or Tribal Agency: \_\_\_\_\_

Foster Care Agency Address: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Optional: Foster Care Parent Contact

Foster Parent's Name: \_\_\_\_\_  
*First Middle Last*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ ZIP: \_\_\_\_\_ Resident School District: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_