



# 2018/2019 NICF Preschool Scholarship Application for Financial Assistance

(All information will be kept confidential)

The Northern Indiana Community Foundation (NICF) and participating preschools require all applicants to present verification of income for the previous 12 months in order to determine eligibility for financial assistance. Please fill out the following application and make sure to include the required income verification. Once the NICF and the participating preschool have reviewed and made a decision, you will be contacted.

Name of Preschool: \_\_\_\_\_

Preschool serves a child from this county:       Fulton       Miami       Starke

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Home Phone #: \_\_\_\_\_ Contact Cell Phone #: \_\_\_\_\_

What amount do you feel you could pay towards your child's monthly tuition? \$ \_\_\_\_\_

### In order to determine all sources of annual household income, please answer the following questions:

• Do you or anyone in the household receive SSI?       Yes       No  
If Yes, please attach SSI documentation.

• Have you received unemployment compensation in the past 12 months?       Yes       No  
If Yes, please give amount: \$ \_\_\_\_\_

• Do you receive child support?       Yes       No  
If Yes, please give amount: \$ \_\_\_\_\_ Weekly    \$ \_\_\_\_\_ Bi-weekly    \$ \_\_\_\_\_ Monthly

• Family size:      \_\_\_\_\_ Adults      \_\_\_\_\_ Children

• Total Annual Household Income: \$ \_\_\_\_\_  
*Please include all sources of income, including the ones mentioned above.*

### All household earners are REQUIRED to submit the following documents along with this application:

- 1) Front page of most recent income tax form
- 2) The TWO most recent paycheck stubs

Applications without the required income verification documentation will not be considered for financial assistance. Any falsification of this information will jeopardize your financial assistance.

**The preschool reserves the right to request updated income verification at any time throughout the school year to continue providing the financial assistance. If your financial circumstances change, contact your preschool teacher. I certify that all the information on this application is true. If any part is false, my participation in this agency's program may be terminated.**

\_\_\_\_\_  
Parent/Guardian Signature:      Date

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### TO BE COMPLETED BY THE PRESCHOOL

For School Year: \_\_\_\_\_

Preschool Monthly Tuition: \$ \_\_\_\_\_ Recommended Student's Monthly Scholarship \$ \_\_\_\_\_

\_\_\_\_\_  
Preschool Director,      Preschool Director's email

\_\_\_\_\_  
Address      Daytime Telephone Number

# Scholarship Criteria

- 1) Applicant must be at or below 150% of the 2018 Federal Poverty Level: Find your family size and monthly or yearly income below to determine if you are eligible for this preschool scholarship. Pregnant women count as two people of the purpose of this chart.

## Annual 2018 Poverty Guidelines for the 48 Continental United States

Household/ Family Size	100%	125%	138%	150%	200%	250%	300%	400%
1	\$12,140	15,175	16,753	18,210	24,280	30,350	36,420	48,560
2	\$16,460	20,575	22,715	24,690	32,920	41,150	49,380	65,840
3	\$20,780	25,975	28,676	31,170	41,560	51,950	62,340	83,120
4	\$25,100	31,375	34,638	37,650	50,200	62,750	75,300	100,400
5	\$29,420	36,775	40,600	44,130	58,840	73,550	88,260	117,680
6	\$33,740	42,175	46,561	50,610	67,480	84,350	101,220	134,960
7	\$38,060	47,575	52,523	57,090	76,120	95,150	114,180	152,240
8	\$42,380	52,975	58,484	63,570	84,760	105,950	127,140	169,520
9	\$46,700	58,375	64,446	70,050	93,400	116,750	140,100	186,800
10	\$51,020	63,775	70,408	76,530	102,040	127,550	153,060	204,080

## Monthly 2018 Poverty Guidelines for the 48 Continental United States

Household/ Family Size	100%	125%	138%	150%	200%	250%	300%	400%
1	\$1,012	1,265	1,396	1,518	2,023	2,529	3,035	4,047
2	\$1,372	1,715	1,893	2,058	2,743	3,429	4,115	5,487
3	\$1,732	2,165	2,390	2,598	3,463	4,329	5,195	6,927
4	\$2,092	2,615	2,887	3,138	4,183	5,229	6,275	8,367
5	\$2,452	3,065	3,383	3,678	4,903	6,129	7,355	9,807
6	\$2,812	3,515	3,880	4,218	5,623	7,029	8,435	11,247
7	\$3,172	3,965	4,377	4,758	6,343	7,929	9,515	12,687
8	\$3,532	4,415	4,874	5,298	7,063	8,829	10,595	14,127
9	\$3,892	4,865	5,371	5,838	7,783	9,729	11,675	15,567
10	\$4,252	5,315	5,867	6,378	8,503	10,629	12,755	17,007

- 2) **Attendance Requirement:** A 95% attendance rate is required to maintain eligibility in the scholarship program.
- 3) **Special Circumstances:** Do you have any other financial obligations of which you would like to make us aware?
- 4) Please describe any special circumstances you or your family are experiencing.

*We reserve the right to make any adjustments when awarding scholarships due to extenuating circumstances.*