

## Early Learning Scholarship – Pathway II Application

### Instructions

#### 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 Education. 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.

#### Is my child eligible?

Children must meet age eligibility requirements in at least one category listed below at the time they are awarded. Children age out of eligibility for the Early Learning Scholarships Program either (a) the day they are age-eligible for kindergarten (age 5 on September 1), or (b) the day the child is enrolled in and attending kindergarten, whichever is earlier. Once a child is awarded a scholarship, they are eligible to continue to receive a scholarship until they age out.

- Children ages 3 to 4 on September 1 of the current school year, or age 5 if not yet aged out of eligibility.
- Children ages 0 to 4 on September 1 of the current school year, or age 5 if not yet aged out of eligibility, who meet one of the following criteria:
  - A parent of the child is under the age of 21 and currently pursuing a high school or general education equivalency diploma (GED)\*; or
  - The child is in foster care or in need of child protective services\*; or
  - The family has experienced homelessness in the previous 24 months\*; or
  - The child has a sibling who has already been awarded a scholarship and attends the same program, as long as funds are available. Applications for eligible siblings do not require proof of income eligibility.

**\*Note:** Priority for funding is given to children who meet the eligibility criteria with an asterisk (\*). Families must also meet income eligibility requirements after meeting at least one of the criteria above. Awards are made as long as funds are available.

## Additional Requirements

Only a parent or legal guardian of the child/children may apply for an Early Learning Scholarship – Pathway II, and your family must meet the following requirements:

- **Location:** You must have a Minnesota address (residing in the state of Minnesota).
- **Income:** You must have a family income equal to or less than 185 percent of the federal poverty level or be receiving certain publicly funded assistance in an approved state or federal public assistance program.

The chart below is based on the poverty guidelines published in the Federal Register on January 13, 2021 and is valid for awards from July 1, 2021 through June 30, 2022.

Family Size	Gross Income	Family Size	Gross Income
2	\$32,227	6	\$65,823
3	\$40,626	7	\$74,222
4	\$49,025	8	\$82,621
5	\$57,424	9**	\$91,020

\*\*For family units of more than nine members, add **\$8,399** for each additional member.

## How do I Apply for an Early Learning Scholarship?

1. Complete the application in ink or electronically. Information that is required is marked with an asterisk (\*).
  - If the child is in foster care, the county or tribal social service agency must complete and sign the application. The foster parent cannot apply directly for a scholarship.
2. Attach the required documentation to demonstrate your eligibility. See Page 4 for requirements for Option 1 (proof of participation in a publically funded program) or Option 2 (proof of income).
  - If applying in the parent under 21 eligibility category, the applicant must provide written proof of the parent's pursuit of a high school diploma or GED® on the letterhead of the education organization providing the course(s) of study the parent attends.
3. Read the Agreement to Comply with Requirements and Tennessean Warning.
4. Sign and date the application in ink or electronic signature.
5. Submit your original application to the Pathway II program by following the instructions provided at the bottom of the Application Checklist on the next page.

*This form was created by the Minnesota Department of Education and must not be altered or adjusted in any way.*

*Funding provided by the Minnesota Department of Education using state funding to support administration of early learning scholarships, Minnesota Statutes, section 124D.165.*

## Application Checklist

Review the checklist below to make sure you have everything you need for your application:

- ☐ Complete all required areas of the application. The items marked with an asterisk (\*) are required. All other information is optional.
- ☐ Complete this form in ink or electronically.
- ☐ Carefully read each line of the **Agreement to Comply with Requirements** section and the **Tennessee Warning**.
- ☐ Sign and date the application in ink or electronically.
  - *Optional:* Read the agreement to participate in the evaluation and initial to give consent.
- ☐ Staple all supporting documents to the back of the application. Supporting documents include:
  - For Option 1: Documentation demonstrating current participation in one of the approved public programs listed on Page 4.
  - For Option 2: Income documentation in addition to the *Option 2 Income Verification Form* on Page 5 of the application.
    - If none of the adult members of your household have any income, the *Household Declaration of No Income* form on Page 11 must be completed by one adult and submitted with your application.
  - If you are a teen parent under 21 and are pursuing a high school diploma or GED<sup>®</sup>, you must provide written proof of your pursuit of a high school diploma or GED<sup>®</sup> on the letterhead of the educational organization providing the course(s) of study you attend.
- ☐ Submit the completed, signed application with attached eligibility documentation to the Pathway II program listed below.
- ☐ Keep at least one copy of the application and attachments for your own records.

## Submit the Application

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

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

*This page is intentionally left blank.*

## Early Learning Scholarship – Pathway II Application

Complete this form in 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 by mail or in person.

### 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. If a sibling is not yet 3 years old on September 1, the child must attend the same program as Child One at time of award.

**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

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: \_\_\_\_\_

Mailing Address (If different from resident address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

### Additional Contact 1

If there are two legal parents/guardians in the household, the second parent must be listed below. By listing this person, you give your consent for the Pathway II program 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: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

### Additional Contact 2

Optional: If there is another contact such as an additional family member, case worker, program staff, or other adult that you want to include on your application, list them here. By listing this person, you give your consent for the Pathway II program 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: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

## Family Information

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

English      Hmong      Somali      Spanish      Vietnamese

Other: \_\_\_\_\_

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

**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, or trailer      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: \_\_\_\_\_

## Proof of Income Eligibility: Instructions

Families must demonstrate their eligibility in one of two ways:

### Option 1: Current participation in one of the following public programs:

- Minnesota Family Investment Program (MFIP)
- Free and Reduced-Price Lunch Program (FRPL)
- Food Distribution Program on Indian Reservations
- Head Start
- Child Care Assistance Program (CCAP)
- Child Adult Care Food Program\* (CACFP)
- Supplemental Nutrition Assistance Program (SNAP)
- Foster Care

*\*Families cannot be income-eligible for scholarships based solely on CACFP provider area eligibility. Families must be eligible based on their own income.*

**Acceptable proof of participation includes:** official notice on program letterhead; application with program approval/signature (i.e., approved CACFP or FRPL application); authorization form from the public program; current bill or receipt from the program (i.e., MEC<sup>2</sup> bill from CCAP); or screenshot from a program's official system of record (i.e., free or reduced price lunch status in Infinite Campus). Proof of participation must have the name of the parent/guardian and/or child(ren), must be dated, and must be valid at the time of the award. **Unacceptable proof includes:** a waitlist letter, an unapproved application, documentation without a date, and/or expired documentation.

**Option 2:** If are not participating in or have documentation from one of the federally funded programs listed in Option 1, then you must complete both charts of the *Option 2: Income Verification Form* on the following page and submit documentation demonstrating your household income.

- **Adults in Household–Income Verification Chart instructions:** List all household members including all people living in the household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. The applicant must include themselves and all children who live with them. Households do not include other people who are economically independent, such as a roommate.
- **Children in Household Chart instructions:** List all infants, children, and students through grade 12 in the household that share income and expenses, even if they are not related. Attach an additional page if necessary. For more information on household size, view the “Who is in a SNAP household” section of the US Department of Agriculture (USDA) [SNAP eligibility webpage](https://www.fns.usda.gov/snap) (<https://www.fns.usda.gov/snap>).

**Attach acceptable proof of all income for each adult listed**, which includes the previous year's W-2 form, two most recent pay stubs, financial aid statement, or a statement from an employer on company letterhead. Pay stubs must be dated within six months of the award. If other types of documentation are not available, the previous year's income tax filing documents may be used. The tax documents must be a copy of the signed version submitted to the Internal Revenue Service (IRS) or include the confirmation notice if submitted electronically. Include proof for all types of income earned. If the household has no income, one of the adults in the household must complete the *Household Declaration of No Income* at the end of this application.

**Note:** Applications for a sibling of a child with an active scholarship do not need to submit proof of income eligibility.

## Family's Documentation Demonstrating Eligibility

### Option 1: Participation in a Public Program

**Do you currently participate in any of these public programs? Check all that apply.** If you currently participate in any of the programs listed below, you must attach an official document showing participation in at least one as proof of eligibility.

- |  |  |
|--|--|
| Minnesota Family Investment Program (MFIP)       | Child Care Assistance Program (CCAP)             |
| Free and Reduced-Price Lunch Program (FRPL)      | Child Adult Care Food Program* (CACFP)           |
| Food Distribution Program on Indian Reservations | Supplemental Nutrition Assistance Program (SNAP) |
| Head Start                                       | Foster Care                                      |

If you do **not** currently participate in one of these public programs, you must complete the *Option 2: Income Verification Form* on the following page and submit valid income documentation for review of eligibility.



**Complete this page** and submit valid income documentation if you do **not** currently participate in an Option 1 public program.  
**Skip this page** if you currently participate in and can provide documentation for one of the Option 1 public programs listed on Page 4.

## Option 2: Income Verification Form

### Adults in Household – Income Verification Chart

Adults – Full Name	Gross Pay from Work <i>Do not write in an hourly wage.</i>				Farm or Self-Employment	Child Support, Alimony				All Other Incomes				No Income			
For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." List the full name of each household member and their income(s) in whole dollars. Include any college students temporarily away from home. *If none of the adults listed has income, check the last column and submit the <i>Household Declaration of No Income</i> form.	Gross pay before deductions (Not net income) (\$)	Weekly	Bi-Weekly	2x Month	Monthly	Net income after business expenses. State if annual or monthly. (\$)	Payments received. (\$)	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc. (\$)	Weekly	Bi-Weekly	2x Month	Monthly	Check if this adult has no income.
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### Children in Household

Child's First Name	Child's Last Name	Child's Age	Foster Child: If an agency or court has legal responsibility for the child, then mark the circle.
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>
			<input type="radio"/>

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: \_\_\_\_\_

## 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 Tennessean Warning.

### Signature of Parent or Legal Guardian

Sign in ink or electronically, 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: \_\_\_\_\_

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

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

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

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

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 three children, photocopy this page and attach the additional sheet(s) to your application.

## Child Two

\*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

Location: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Three

\*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

Location: \_\_\_\_\_ Date: \_\_\_\_\_

If the household has no income, complete this *Household Declaration of No Income* form and attach it to your *Early Learning Scholarship – Pathway II Application*.

## Household Declaration of No Income

This statement below serves as your declaration of no household income for Option 2. This form must be completed by the same parent or legal guardian who signs the *Early Learning Scholarships – Pathway II Application*.

I, \_\_\_\_\_, declare that we as a household currently  
*Print full legal name*

do not have income on this day of \_\_\_\_\_.  
*Date: MM/DD/YYYY*

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