

Your household income must be at or below the amount in this chart. This chart is based on the State Median Income and is valid for awards from K 3 0, 2024 through October 2025. The chart was updated in October. 03/2024 07/2024

Family Size	Annual Income before Taxes	Family Size	Annual Income before Taxes
2	2711.24	0	0

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If you are only applying for one child, skip this page. 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

If yes: Location: _____ Date (MM/YYYY): _____

Name the early childhood program where you plan to use the scholarship, if awarded. Write "unknown" if no program has been selected yet. _____ Phone: _____

Is this child currently attending this program? _ Yes _ No

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

If yes: Location: _____ Date (MM/YYYY): _____

Name the early childhood program where you plan to use the scholarship, if awarded. Write "unknown" if no program has been selected yet. _____ Phone: _____

Is this child currently attending this program? Yes No

Parent/Legal Guardian Information

The parent or legal guardian of the children included in this application must complete this 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)

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Parent/Legal Guardian Information

What is the highest level of education you have completed? Check one.

Less than high school degree

High school degree or equivalent (ex. GED)

Some college

Associate's degree

Bachelor's degree

Graduate degree

What is your current employment status? Check one.

Employed fulltime (25 hours/week or more)

Employed parttime (less than 25 hours/week)

Unemployed, seeking employment

Unemployed, not seeking employment

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 and can provide documentation for one of the Option 1 public programs listed on Page 6.

Option 2: Household Income Eligibility

Adults in the Household and their Income

Names of All Adult Household Members (First and Last)	Gross Pay from Work Do not write in an hourly wage.				Are you Self Employed or a Farmer?	Child Support, Alimony	All Other Incomes	No Income
List all adult household members (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.	Weekly	Bi-Weekly	2x Month	Monthly	Monthly	Yearly		
	Report income before deductions or taxes in whole dollars (no cents). (\$)							

Your application is not complete without the required separate form on page 8.

separate document(s) to demonstrate that you meet the income

eligibility requirements listed on pages 6 & 7.

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scholarships@thinksmall.org

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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.

- x 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.
- x 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.
- x My child will remain eligible to receive a scholarship through August 31 of the year he/she is eligible for kindergarten, or 5 years on September 1, as long as state funding is available.
- x I will notify the Area Administrator when my child stops remaining eligible for the scholarship.

x Area Administrators may share information from this application with the State of Minnesota including my name

Parent/Guardian Signature

Optional Consent: Release Information and Participation in Evaluation

Please initial to confirm that you have read, understand and agree to the following.

____ Area Administrator of the State of Minnesota 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 State of Minnesota and 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 I13.1 (o.8 (qc-3 (h)2.3 ((