



Serving Children   Supporting Caregivers   Strengthening Our Community

**2026-2027 Early Education Tuition Scholarship Application**  
*In Partnership with Douglas County and other Community Donors*  
*Revised April 20, 2026*

**Applicant Eligibility:**

- Applicant must reside in Douglas County.
- Applicant's total household income must be 200% federal poverty level or under, verified by a 1040 tax return document and other required supporting financial documents.
- Priority will be given to applicants with a combined gross annual household income of <160% federal poverty level.
- Families awarded scholarships must enroll in or be enrolled in a participating early education program listed on the application.
- The scholarships are student-specific and are intended to be used toward the monthly tuition of a single student of the age range birth to kindergarten eligible.
- Scholarship awards will not usually pay 100% of a child's monthly tuition. Families receiving scholarships are responsible for their remaining monthly tuition balance and other school fees.

***All scholarship awards are subject to the availability of funds and continued family eligibility.***

**Application Process:**

- Applications will be prioritized in order of income levels beginning **May 7, 2026**.
- After processing, all applicants will receive email notification of their status sent to the email address provided on their application.
- When funds are allocated, remaining 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 each page of the application in full and attach all required supporting documentation listed on the application.

Questions about this program and completed applications may be emailed to Sunday Monson: [sunday@positivebrightstart.org](mailto:sunday@positivebrightstart.org). Applications may also be mailed or delivered to our agency office at 1900 Delaware St., Lawrence Kansas 66046. A drop box is located near the agency office entry door for applicants' convenience.

**Legal Disclosure:** The Douglas County Kansas Government and other donors do not participate in or oversee the care of the children and are not liable for any circumstances involving negligence, quality of care, or injury. Positive Bright Start does not participate in or oversee the care of children outside of the Positive Bright Start Preschool program and is not liable for any circumstances involving negligence, quality of care, or injury at other early education programs.

**Applicant Rights & Responsibilities**

- A. I understand any scholarship I may 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 or decisions, and is paid directly to my child's early education program each month as stated in my award letter.
- B. I understand that applications are prioritized by documented financial need based on gross annual household income.
- C. I understand that I have the responsibility to report fully all required financial information and documentation as part of my application and falsification of any information on this application will make me ineligible for the scholarship program.
- D. I understand that I have the responsibility to report any changes in my circumstances which could impact my eligibility.
- E. I understand that if I choose not to accept a scholarship when offered, or am non-responsive to contact efforts, or if I disenroll my child from the scholarship program or a participating school, that the funds I would have received will be offered to another family on the waiting list. My name will then be placed on the waiting list until further funding becomes available. If I choose to disenroll my child from school, it is my responsibility to inform the scholarship administrator.
- F. I understand that my child must be enrolled in a participating school to receive a scholarship. However, I understand that I am free to move my child's enrollment from one participating school to another within the scholarship period. Notice of this decision must be given to the scholarship administrator to prevent delays in scholarship payments. I will be expected to comply with my school's enrollment/disenrollment policies.
- G. I understand that I will not be charged more tuition or fees by my school than non-scholarship families, but that a scholarship award is supplemental and will not pay 100% of my child's monthly tuition. 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.
- H. If disenrolled from a scholarship school due to non-payment of my monthly tuition family share or other school fees, I understand that my scholarship will be suspended until my balance is paid in full. If the balance is not paid within 30 days, the scholarship funds designated for me will be offered to another family and my name will be moved to the scholarship waiting list.
- I. I understand that the scholarship program does not pay outstanding balances, past due tuition, family shares, deposits, incidental fees, nor when a child is not enrolled in a participating early education program.
- J. **Data Collection Requirement:** I understand that data is collected multiple times per year for children receiving scholarships and for their classrooms. Consent forms for child data collection and basic demographic information are required to conduct the child assessments and are included as part of this application. I understand that when I consent to data collection, I will be expected to provide the parent-completed ASQ 3 and ASQ SE: 2 data forms by dates specified in email requests from the scholarship administrator. This will be expected multiple times during the scholarship period.

**I have read and understand the preceding information, both on page one and page two. I certify that all the information provided on this application is correct to the best of my knowledge.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Required Information

**Applicant Contact Information** (parent(s), guardian(s) or responsible party applying for the scholarship; primary caregiver)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**(Email is the primary contact method of this program.)**

**Child Information:**

| Name | Date of Birth | Gender Identity | Special Needs<br>(IEP and/or diagnosis) | Racial Identity<br>Specify (Optional) | Year Kindergarten Eligible |
|------|---------------|-----------------|---|---------------------------------------|----------------------------|
|      |               |                 |   |                                       |                            |
|      |               |                 |   |                                       |                            |
|      |               |                 |   |                                       |                            |

**Child's Early Education Program:**

- Ballard Community Center   
  Children's Learning Center   
  Edna A. Hill CDC   
  Googols of Learning,  
 Lawrence Community Nursery School   
  Positive Bright Start Preschool   
  Raintree Montessori School

**List All Household Members** (list applicant/primary caregiver first):

| Name | Date of Birth | Name | Date of Birth |
|------|---------------|------|---------------|
|      |               |      |               |
|      |               |      |               |
|      |               |      |               |

**Income Verification:**

Each adult member of the household, eighteen years of age or older, must provide a copy of their 2-Page Federal 1040 Tax Return for the most recent tax year.

A household member may substitute alternative documentation, as noted below, **ONLY** if their tax return no longer reflects their current financial situation **OR** if they do not file federal income taxes.

Alternative income documentation must include:

- 1) The two most recent, consecutive paystubs from all employers, **OR**
- 2) A letter from their employer(s) stating the wages, hours, and expected monthly/yearly earning.

|  |  |  |  |  |
|--|--|--|--|--|
| Name of adult household member:                          | Employed?<br><input type="checkbox"/> Y <input type="checkbox"/> N | Employer Name(s):                            |  |  |
| Which Income verification included:                      | <input type="checkbox"/> 1040 Tax Return OR                        | <input type="checkbox"/> Paystubs OR         | <input type="checkbox"/> Employer Letter |  |
| If not 1040, reason for providing alternative documents: |  |  |  |  |
| <input type="checkbox"/> Income changed significantly    |  | <input type="checkbox"/> Does not file taxes |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| Name of adult household member:                          | Employed?<br><input type="checkbox"/> Y <input type="checkbox"/> N | Employer Name(s):                            |  |  |
| Which Income verification included:                      | <input type="checkbox"/> 1040 Tax Return OR                        | <input type="checkbox"/> Paystubs OR         | <input type="checkbox"/> Employer Letter |  |
| If not 1040, reason for providing alternative documents: |  |  |  |  |
| <input type="checkbox"/> Income changed significantly    |  | <input type="checkbox"/> I do not file taxes |  |  |

**Non-employment Income Source: Check all that apply and provide supporting verification letter of expected benefits.**

- Unemployment Compensation
- Workman's Compensation
- Social Security Benefits
- Pension/Retirement Benefits
- International Financial Support
- 3<sup>rd</sup> Party Paid Living Expenses: Please describe \_\_\_\_\_
- Other Sources: Please describe \_\_\_\_\_
- No non-employment income
- Alimony
- Disability Benefits
- Veteran's Benefits
- Tribal Benefits
- Fellowships and/or Paid Internships

**Child Support**

- Child Support Expected monthly amount \_\_\_\_\_

**Provide a copy of your Kansas Payment Center Payment History for the last 12 months or another form of verification of monthly or annual child support received.**

- I do not receive any form of child support from a non-custodial parent nor a co-parent living outside my household.

**DCF Child Care Assistance and/or other Child Care Tuition Assistance/Discount/Scholarship**

- I have applied for DCF Child Care Assistance and am waiting for the determination.
- I have applied and do not qualify for DCF Child Care Assistance.  
Reason for denial: \_\_\_\_\_
- I have chosen not to apply for DCF Child Care Assistance.
- I receive DCF Child Care Assistance. Monthly Amount \_\_\_\_\_

**Provide a copy of your DCF Child Care Family Plan letter.**

Applying for DCF Child Care Assistance is not required but is encouraged as DCF can generally offer more aid than the scholarship program.

- I receive other childcare/preschool tuition assistance, discounts, or scholarships.  
Source: \_\_\_\_\_ Monthly Amount \_\_\_\_\_

**Provide a copy of supporting documentation for other tuition discounts or assistance.**

DCF Child Care Assistance or other tuition discount/assistance is not considered income but does factor in scholarship award amounts.

## Intake and Demographic Form for Child Profiles

### Child Profile

#### Program Affiliation

\*Enrollment Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

#### Child Information

Child First Name \_\_\_\_\_ Child Last Name \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ \* Child Gender  Male  Female

\*Child Ethnicity:  Hispanic/Latino/Spanish Origin  Non-Hispanic/Non-Latino/Not Spanish Origin

**Child Race (select all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> African American or Black        | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White                            | <input type="checkbox"/> Other _____                               |

#### Child Alternate IDs

Alternate ID \_\_\_\_\_ Child's myIGDI ID \_\_\_\_\_

State Student ID  
(as assigned by KSDE) \_\_\_\_\_

#### Caregiver Information

\* Was either biological parent of this child a teen (19 or younger) when the child was born?

Yes  No

\* Child's relationship to primary caregiver (select one)

- |   |                                       |                                     |                                 |
|---|---------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Son                          | <input type="checkbox"/> Daughter     | <input type="checkbox"/> Niece      | <input type="checkbox"/> Nephew |
| <input type="checkbox"/> Sibling                      | <input type="checkbox"/> Foster Child | <input type="checkbox"/> Grandchild |                                 |
| <input type="checkbox"/> Other (please explain) _____ |                                       |                                     |                                 |

*\* Indicates mandatory field in DAISEY*

## Demographics & Risk Factors

### Program Information

**Currently Enrolled Children:** If this child WAS enrolled during the prior year, the information entered on this demographic form for the current year should reflect their status as of July 1 of the current year.

**Newly Enrolled Children:** If this child WAS NOT enrolled during the prior year, the information entered on this demographic form for the current year should reflect their status as of their enrollment date into the ECBG program.

**Prenatal Enrollment:** Do NOT complete this form for a child that is not yet born; even if caregiver is receiving prenatal services. Only complete once the child is born.

\* Program/Academic Year \_\_\_\_\_

### Location & Contact Information

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: KS ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Child Info

\* Child Insurance Status (select one):

- Medicaid/State Children Insurance Program (SCHIP) - Title XXI
- Tri-Care
- Private or other
- No Insurance Coverage

\* Is the child living in foster care, custodial kinship care (e.g., grandparent, aunt uncle, etc.), or another out-of-home placement and/or was this child referred to the program by the Kansas Department of Children & Families (DCF)? The DCF referral must document the child's need to receive the programs services and be signed by the DCF agent.

Yes       No

\* Indicates mandatory field in DAISEY

\* Does the child have an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP)?

Yes       No

\* Is this child participating in Part B (Assistance for Education of All Children with Disabilities) or Part C (Early Intervention) services?

Yes       No

### English Proficiency

\* What language does the primary caregiver speak/use the most with the child?

|                                     |                                   |                                  |   |
|-------------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Arabic   | <input type="checkbox"/> Chinese | <input type="checkbox"/> French           |
| <input type="checkbox"/> Italian    | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean  | <input type="checkbox"/> Polish           |
| <input type="checkbox"/> Russian    | <input type="checkbox"/> Spanish  | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tribal languages |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other    |                                  |   |

If "Other" was chosen as language, please indicate which language. \_\_\_\_\_

\* What language does the child speak/use the most at home? Do not include language learned in a class or through television or other such programming.

|                                     |                                   |                                  |   |
|-------------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Arabic   | <input type="checkbox"/> Chinese | <input type="checkbox"/> French           |
| <input type="checkbox"/> Italian    | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean  | <input type="checkbox"/> Polish           |
| <input type="checkbox"/> Russian    | <input type="checkbox"/> Spanish  | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tribal languages |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other    |                                  |   |

If "Other" was chosen as language, please indicate which language. \_\_\_\_\_

\* What language do the adults regularly present or living in the child's home speak/use the most while in presence of the child?

|                                     |                                   |                                  |   |
|-------------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Arabic   | <input type="checkbox"/> Chinese | <input type="checkbox"/> French           |
| <input type="checkbox"/> Italian    | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean  | <input type="checkbox"/> Polish           |
| <input type="checkbox"/> Russian    | <input type="checkbox"/> Spanish  | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tribal languages |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other    |                                  |   |

If "Other" was chosen as language, please indicate which language. \_\_\_\_\_

\* *Indicates mandatory field in DAISEY*

**\* What language did the child first learn to speak/use?**

- |                                     |                                   |                                  |   |
|-------------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Arabic   | <input type="checkbox"/> Chinese | <input type="checkbox"/> French           |
| <input type="checkbox"/> Italian    | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean  | <input type="checkbox"/> Polish           |
| <input type="checkbox"/> Russian    | <input type="checkbox"/> Spanish  | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tribal languages |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other    |                                  |   |

If "Other was chosen as language, please indicate which language. \_\_\_\_\_

### Caregiver Information

**\* Primary Caregiver's Education Level**

- |  |  |
|--|--|
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> GED   |
| <input type="checkbox"/> Of high school age not enrolled   | <input type="checkbox"/> High School Diploma                                   |
| <input type="checkbox"/> Some college/training             | <input type="checkbox"/> Technical Training Certification/<br>Associate Degree |
| <input type="checkbox"/> Bachelor Degree or higher         |  |

**\* Secondary Caregivers Education Level**

- |  |  |
|--|--|
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> GED   |
| <input type="checkbox"/> Of high school age not enrolled   | <input type="checkbox"/> High School Diploma                                   |
| <input type="checkbox"/> Some college/training             | <input type="checkbox"/> Technical Training Certification/<br>Associate Degree |
| <input type="checkbox"/> Bachelor Degree or higher         | <input type="checkbox"/> No secondary caregiver                                |

**\* Primary Caregiver's Marital Status**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Married |
| <input type="checkbox"/> Divorced      | <input type="checkbox"/> Widowed |

**\* Secondary Caregiver's Marital Status**

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Never Married          | <input type="checkbox"/> Married |
| <input type="checkbox"/> Divorced               | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> No Secondary Caregiver |                                  |

*\* Indicates mandatory field in DAISEY*

**\* Primary Caregiver's Military Status**

- Current Armed Forces Member     Former Armed Forces Member     Never served (none)

**\* Secondary Caregiver's Military Status**

- Current Armed Forces Member     Former Armed Forces Member     Never served (none)     No Secondary Caregiver

**\* Is this a child of Migratory Workers? Child's guardian (or their guardian's spouse) is a migratory agricultural worker or fisher who has moved in the past 36 months to obtain seasonal or temporary agricultural or fishing employment.**

- Yes     No

**Household Information**

**\* # of people in household (include everyone)** \_\_\_\_\_

Must enter a value of 2 or more

**\* In the last year, has the child's family had to sleep in a temporary living arrangement?**

- Yes     No

**Total Yearly Household Income Range**

- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$10,000     | <input type="checkbox"/> \$10,000 – \$19,999 |
| <input type="checkbox"/> \$20,000 – \$29,999    | <input type="checkbox"/> \$30,000 – \$39,999 |
| <input type="checkbox"/> \$40,000 – \$49,999    | <input type="checkbox"/> \$50,000 – \$59,999 |
| <input type="checkbox"/> \$60,000 – \$69,999    | <input type="checkbox"/> \$70,000 – \$79,999 |
| <input type="checkbox"/> \$80,000 – \$99,999    | <input type="checkbox"/> \$90,000 – \$99,999 |
| <input type="checkbox"/> Greater than \$100,000 |  |

**Total Yearly Household Income** \_\_\_\_\_

*\* Indicates mandatory field in DAISEY*

**Caregiver Information**

Program Information

DAISEY Program Affiliation (list all) \_\_\_\_\_

\* Enrollment Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Alternate ID \_\_\_\_\_

Caregiver Information

Caregiver First Name \_\_\_\_\_ Caregiver Last Name \_\_\_\_\_

\* Caregiver Date of Birth \_\_\_\_\_ Caregiver Gender  Male  Female

Caregiver Ethnicity:

Hispanic/Latino/Spanish Origin

Non-Hispanic/Non-Latino/Not Spanish Origin

Caregiver Race (select all that apply):

American Indian or Alaska Native

Asian

African American or Black

Native Hawaiian or Other Pacific Islander

White

Other \_\_\_\_\_

Is this the primary caregiver of the child?

Yes  No

If not, please provide primary caregiver's first and last name \_\_\_\_\_

Caregiver's Relation to Primary Caregiver

Self

Spouse

Child

Parent

Grandparent

Aunt

Uncle

Niece

Nephew

Sibling

Other \_\_\_\_\_



**WICHITA STATE UNIVERSITY**

**COMMUNITY ENGAGEMENT INSTITUTE**

*Center for Applied Research and Evaluation*

**OFFICE LOCATION |**

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<http://communityengagementinstitute.org>

**TWITTER |** [twitter.com/wsuEngagement](https://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 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. The research will help funders decide what helps to make children ready for school and where funding can be directed.

**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 will be asked for the following information:

ASQ 3: The Ages and Stages Questionnaire- 3<sup>rd</sup> Edition is a developmental screening completed by parents/caregivers. It is for children ages 2-60 months old. The ASQ-3 takes 10-15 minutes to complete.

ASQ SE 2: The Ages and Stages Questionnaire - Social-Emotional, 2nd Edition is a social-emotional screening completed by parents/caregivers. It is for children ages 1-72 months old. It takes 10-15 minutes to complete.

The Individual Growth and Development Indicators/Early Communication Indicators for Infants and Toddlers (IGDI/ECI) is a tool to look at a child's (6-42 months) communication development. The IGDI/ECI will be administered three times per school year by school staff members.

The Individual Growth and Development Indicators for Pre-Kindergarten (myIGDIs) are tools to look at a child's (3-5 years) academic development in the areas of literacy and numeracy. The myIGDIs will be administered three times per school year by school staff members.

**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. 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.

Being a part of the evaluation of KCCTF 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.

\_\_\_\_\_  
Name of Participant (Parent/Legal Guardian)

\_\_\_\_\_  
Signature of Participant (Parent/Legal Guardian)

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

## Scholarship Site Directory

### **Ballard Community Center**

708 Elm St, Lawrence 66044 (785) 842-0729  
<https://ballardcenter.org/>

**Chelsea Harrington**

[chelsea.h@ballardcenter.org](mailto:chelsea.h@ballardcenter.org)

### **Children's Learning Center North (CLC)**

205 N Michigan 66044 (785) 841-2185  
<https://www.clc-ks.org/>

**CeCe Courter**

[cclctr@gmail.com](mailto:cclctr@gmail.com)

### **Edna A. Hill Child Development Center**

1000 Sunnyside Ave. 66045 (785) 864-3498  
<https://cdc.ku.edu/>

**Sharyn Serbet**

[sharynserbet@ku.edu](mailto:sharynserbet@ku.edu)

### **Googols of Learning Child Development Center**

500 Rockledge Rd 66049 (785) 856-6002  
<https://www.googolsoflearning.com/>

**Amy Gottschamer**

[amy@googolsoflearning.com](mailto:amy@googolsoflearning.com)

### **Lawrence Community Nursery School (LCNS)**

645 Alabama St. 66044 (785) 842-0064  
<https://www.lcns.coop/>

**Megan Peck**

[director@lcns.coop](mailto:director@lcns.coop)

### **Positive Bright Start Preschool**

1600 Haskell, #159 66046 (785) 842-9679  
<https://www.positivebrightstart.org/childcare>

**Marie Taylor**

[marie@positivebrightstart.org](mailto:marie@positivebrightstart.org)

### **Raintree Montessori School**

4601 Clinton Pkwy 66047 (785) 843-6800  
<https://raintreemontessori.org/current/>

**Heather Eichhorn**

[heather@raintreemontessori.org](mailto:heather@raintreemontessori.org)