Positive Bright Start

Serving Children Supporting Caregivers Strengthening Our Community

Early Education Tuition Scholarship Application
2026 Short-Term Hospitality Industry Scholarship

Funding Sources: Lawrence Restaurant Association Endowment Fund of the Douglas County Community Foundation

Revised November 12, 2025

Applicant Eligibility:

- Applicants must be actively employed in the hospitality industry in Douglas County, KS for at least 90 days and provide a valid paystub dated within the previous 30 days.
- Applicants must verify that receipt of the funds would help them to remain employed within the hospitality industry.
- Applicants' total household income must be 150% federal poverty level or under, verified by their 1040 tax return document.

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.
- After processing, all applicants will receive written notification of their status mailed to the address provided on their application.
- When funds are allocated, 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 scholarship program may be directed to Sunday Monson; sunday@positivebrightstart.org. Applications may be emailed to sunday@positivebrightstart.org, mailed, or delivered to our agency office at 1900 Delaware, Lawrence. A drop box is located near the agency office entry door for applicants' convenience.

Data Collection Requirement:

- Specific assessments will be collected for children receiving scholarships and their classrooms. These tools are designed to gauge social-emotional, developmental, communication, and literacy and numeracy skills for the children, and the effectiveness of classroom teaching for the schools. The children's schools will maintain this information and use it to develop educational plans for the children and professional development plans for their teachers.
- Data is collected for the children approximately three times per year and one or more times per year for the classrooms. Early Education Programs agree to classroom assessments as part of scholarship program participation. *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.*
- The Ages and Stages forms, the ASQ3 and ASQSE2, are to be completed by the child's primary caregiver. Upon scholarship approval and with the signed consent, the primary caregiver will receive an email from our scholarship administrator that includes a link to online ASQ questionnaires to be completed by the date specified in the email. Paper copies of the ASQs will be made available upon request for families unable to access the online forms. ***We will request additional ASQ data at the end of the scholarship period.***

Legal Disclosure: Funding for this scholarship is provided by the Lawrence Restaurant Association Endowment Fund of the Douglas County Community Foundation. The sponsor does not participate in or oversee care of the children and is not liable for any circumstances involving quality of care or injury. Positive Bright Start does not participate in or oversee care of children outside of the Positive Bright Start Preschool program and is not liable for any circumstances involving 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 an award letter.

B. I understand that this short-term scholarship is provided by the funder to support applicants working within the hospitality industry.

C. I understand that the scholarship award amount per person is limited by the funders.

D. I understand that applications are prioritized by documented financial need based on gross household income.

E. 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.

F. I understand that I have the responsibility to report any changes in my circumstances which could impact my eligibility.

G. I understand that if I choose not to accept a scholarship when offered, or am non-responsive to contact efforts, or 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.

H. 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.

I. 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.

J. 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.

K. I understand that the scholarship program does not pay past due tuition, family shares, nor when a child is not enrolled in a participating early education program.

L. I understand that when I consent to data collection, I will be expected to provide the parent-completed data, the ASQ 3 and ASQ SE: 2 forms, by specified dates, at the beginning of the scholarship period and at the end of 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: _____

COMPLETE EACH SECTION, PRINTING or TYPING CLEARLY

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

Name(s): _____

Address: _____ Zip Code: _____

County: _____ Phone: _____ Email: (Agency use only) _____

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

Child Information

Child's Name	Date of Birth	Gender Identity	Special Needs (IEP and/or diagnosis)	Racial Identity (specify – optional)	Year Entering Kindergarten

Child's Early Education Program:

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

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

Name	Date of Birth

Required Income Verification Documentation

Provide a copy of the 2024 or 2025 (most recent) 1040 tax return summary form for ALL adult members of the household.

Required Hospitality Employment Verification

Provide the following for all adult members of the household employed in the hospitality industry:

1. **A copy of a valid paystub dated within the previous 30 days verifying current hospitality employment in Douglas County, KS.**
2. **A letter from the hospitality employer verifying the applicant has been actively employed in the hospitality industry in Douglas County, KS for at least 90 days OR valid paystubs verifying the applicant's employment in the hospitality industry in Douglas County, KS for at least 90 days.**

Required: Please describe how a supplemental early education tuition scholarship would help the applicant to remain employed within the hospitality industry.

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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):

☐ American Indian or Alaska Native
☐ Asian
☐ African American or Black
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ 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)

☐ Son ☐ Daughter ☐ Niece ☐ Nephew
☐ Sibling ☐ Foster Child ☐ Grandchild
☐ 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?

☐ English	☐ Arabic	☐ Chinese	☐ French
☐ Italian	☐ Japanese	☐ Korean	☐ Polish
☐ Russian	☐ Spanish	☐ Tagalog	☐ Tribal languages
☐ Vietnamese	☐ 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.

☐ English	☐ Arabic	☐ Chinese	☐ French
☐ Italian	☐ Japanese	☐ Korean	☐ Polish
☐ Russian	☐ Spanish	☐ Tagalog	☐ Tribal languages
☐ Vietnamese	☐ 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?

☐ English	☐ Arabic	☐ Chinese	☐ French
☐ Italian	☐ Japanese	☐ Korean	☐ Polish
☐ Russian	☐ Spanish	☐ Tagalog	☐ Tribal languages
☐ Vietnamese	☐ 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?

- ☐ English
- ☐ Arabic
- ☐ Chinese
- ☐ French
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Polish
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog
- ☐ Tribal languages
- ☐ Vietnamese
- ☐ Other

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

Caregiver Information

* Primary Caregiver's Education Level

- ☐ Currently enrolled in high school
- ☐ Of high school age not enrolled
- ☐ Some college/training
- ☐ Bachelor Degree or higher
- ☐ GED
- ☐ High School Diploma
- ☐ Technical Training Certification/ Associate Degree

* Secondary Caregivers Education Level

- ☐ Currently enrolled in high school
- ☐ Of high school age not enrolled
- ☐ Some college/training
- ☐ Bachelor Degree or higher
- ☐ GED
- ☐ High School Diploma
- ☐ Technical Training Certification/ Associate Degree
- ☐ No secondary caregiver

* Primary Caregiver's Marital Status

- ☐ Never Married
- ☐ Divorced
- ☐ Married
- ☐ Widowed

* Secondary Caregiver's Marital Status

- ☐ Never Married
- ☐ Divorced
- ☐ No Secondary Caregiver
- ☐ Married
- ☐ Widowed

** 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

☐ Less than $10,000
☐ $10,000 – $19,999
☐ $20,000 – $29,999
☐ $30,000 – $39,999
☐ $40,000 – $49,999
☐ $50,000 – $59,999
☐ $60,000 – $69,999
☐ $70,000 – $79,999
☐ $80,000 – $99,999
☐ $90,000 – $99,999
☐ Greater than $100,000

Total Yearly Household Income _____

* *Indicates mandatory field in DAISEY*

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Intake form for Caregiver Profiles

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 _____

* *Indicates mandatory field in DAISEY*

WICHITA STATE UNIVERSITY
COMMUNITY ENGAGEMENT INSTITUTE
Center for Applied Research and Evaluation

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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 goal is to find out how children and families are doing in programs being paid for by the KCCTF. The research will look at children ages 0-5 years old and their development. The research will help funders decide what helps to make children ready for school.

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 may be asked information. These tools include:

ASQ 3: The Ages and Stages Questionnaire- 3rd 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.

Objetivo de la investigación: El Centro para Investigaciones Aplicadas y Evaluación (CARE – Center for Applied Research and Evaluation) en el Community Engagement Institute de Wichita State University está trabajando con el Kansas Children's Cabinet and Trust Fund (KCCTF). La meta es encontrar como les va a los niños y a las familias que están en programas financiados por el KCCTF. Esta investigación verá a niños entre 0 a 5 años y su desarrollo. Esta investigación ayudará a los financiadores a tomar decisiones sobre qué ayuda a los niños para estar preparados para iniciar la escuela.

Selección de participantes: Le han preguntado que ayude con esta investigación porque usted es un padre con un hijo/a en un programa financiado por el KCCTF.

Explicación de procedimiento: Puede ser que hagan preguntas para obtener información acerca de su hijo o su familia. Estas herramientas incluyen:

El Cuestionario de Edades y Etapas - Tercero Edición (ASQ- 3 con sus siglas en inglés) es una prueba de desarrollo hecho por padres o cuidadores de familia. Este cuestionario es para niños de 2-60 meses de edad. El ASQ- 3 tarda de 10-15 minutos en completar.

El Cuestionario de Edades y Etapas: Social – Emocional- Segunda Edición (ASQ: SE- 2 con sus siglas en inglés) es una prueba de desarrollo social y emocional hecho por padres de familia. Es para niños de 1-72 meses de edad. Se tarda 10-15 minutos en completar.

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.

La Evaluación de Indicadores de Crecimiento Individual y Desarrollo para Bebés y Niños Pequeños (IGDIs con sus siglas en inglés) es una herramienta para evaluar el desarrollo de los niños pequeños (6-42 meses). El IGDIs será administrado por personas que trabajan con los niños tres veces al año. El IGDIs toma cerca de 12 minutos en completar.

The Individual Growth and Development Indicators for Pre-Kindergarten (myIGDIs) are tools to look at a child's (3-5 years) academic development. Two skill areas are covered: literacy and numeracy. Literacy is a set of skills related to the ability to learn to read. Numeracy is a set of skills related to numbers and the ability to learn math. The myIGDIs will be administered three times per school year by school staff members.

El Crecimiento Individual y los Indicadores de Desarrollo para el pre-kínder (el myIGDIs) es una herramienta para mirar el desarrollo de un niño (3-5 años). Dos áreas de habilidades están cubiertos: la alfabetización y la aritmética. La alfabetización es un conjunto de habilidades relacionadas con la capacidad de aprender a leer. La aritmética es un conjunto de habilidades relacionadas con los números y la capacidad de aprender matemáticas. El myIGDIs serán administrados por personas que trabajan con niños tres veces al año. El myIGDIs toma unos 10 minutos para completar.

Discomfort/Risks: The tools ask questions about you or your child. Completing these tools and/or the information you learn from them may make you feel uncomfortable.

Incomodidades/riesgos: Estas herramientas contienen preguntas acerca de usted o su hijo/a. Puede ser que al completar estas herramientas y/o al enterarse de información se pueda sentir incómodo/a. Puede evitar preguntas si no quiere responder o lo puede dejar a cualquier tiempo.

Benefits: You will be helping with the research on KCCTF programs. 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.

Beneficios: Usted va a ayudar con la investigación en programas de KCCTF. La razón por este proyecto es para poder mostrar qué bien están ayudando los programas a niños y a sus familias en el estado de Kansas. Es importante mostrar que los programas mejoran la preparación de niños para ir a la escuela a largo plazo. Esto solo se puede hacer obteniendo información de los niños y sus familias en estos programas sobre distintos periodos.

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

Confidencialidad: Información de sus formatos van a ser sometidos a una base de datos electrónicos. La base de datos electrónicos es segura y protegida con contraseña. A usted le preguntaran por su nombre y el nombre de su hijo/a en los formatos. Esta

will allow for the assignment of a unique study number to you by your program. This is to protect your confidentiality. The names and study numbers assigned will not be shared with anyone other than the KCCTF program you are participating with but it will be stored in the secure data system created for the KCCTF. 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.

Contact: If you have any questions about the research, you can contact Dr. Lynn Schrepferman of CARE by phone at 316-978-6772 or by email: lynn.schrepferman@wichita.edu. If you have questions pertaining to your rights as a research participant, you can contact the Office of Research and Technology Transfer at Wichita State University, Wichita, KS 67260-0007, telephone 316-978-3285.

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.

información va a permitir que su programa le asigne un número de estudio único a usted. Esto se hace para proteger su confidencialidad. Los nombres y números de estudio no van a ser compartidos con cualquier persona aparte el programa de KCCTF con quien está participando, pero va a ser guardado en el sistema de datos seguro creado para el KCCTF. Tus datos anónimos van a ser combinados con datos de otras familias para el objetivo de reportes por el KCCTF y sus contratistas. Su nombre o el nombre de su hijo/a jamás será compartido con cualquier persona fuera del sistema de datos seguro.

Contacto: Si tiene alguna pregunta sobre la investigación, puede contactar a la Dra. Lynn Schrepferman de CARE por teléfono al 316-978-6772 o por correo electronico: Lynn.schrepferman@wichita.edu. Si tiene alguna pregunta en relación a sus derechos como participante de la investigación, puede contactar la Oficina de Investigación y Transferencia Tecnologica en Wichita State University, Wichita, KS 67260-0007, teléfono 316-978-3285.

Ser parte de la investigación en programas de KCCTF depende de que usted firme esta forma de consentimiento para usted y su hijo/a. Firmar esta forma significa que usted lo ha leído y ha decidido participar.

_____	_____
Name of Participant (Parent/Legal Guardian) Nombre de Participante (Padre/Guardian Legal)	Date/Fecha
_____	_____
Signature of Participant (Parent/Legal Guardian) Firma de Participante (Padre/Guardian Legal)	Date/Fecha
_____	_____
Name of Child Nombre de Niño	Date/Fecha