



Serving Children Supporting Caregivers Strengthening Our Community

July 2024 - June 2025

Early Education Tuition Scholarship Application

Funding Sources: Douglas County Early Childhood Block Grant, and other Community Grants and Donations

Revised March 20, 2024

Applicant Eligibility:

- Positive Bright Start offers early education scholarships to income eligible families who reside in Douglas County with a combined gross annual household income less than 240% Federal Poverty Level.
- Priority will be given to families with a combined gross annual household income of 100-160% Federal Poverty Level.
- Families awarded scholarships must enroll their child(ren) in a participating scholarship school.
- The scholarships are student-specific and are intended to be used toward the monthly tuition of a single student. Scholarship awards do not usually pay 100% of a child's monthly tuition.

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

Application Process:

- Applications will be processed and prioritized in order of income eligibility beginning May 7, 2024.
- After processing, all applicants will receive written notification of their status sent to the address provided on the application.
- Approved applicants will be awarded a scholarship based on their income level.
- When funds are fully 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 the application in full and attach all required supporting documentation. **The following documentation is required:**

- * 2023 1040 Tax Summary Form or Allowable Income Verification Substitution as Listed on Application
- * Supporting Documentation of Non-Employment Income (i.e., child support, unemployment, disability)
- * For Parents who are students: Student Enrollment Status (hours enrolled) and Financial Aid Summary
- * For Parents receiving DCF Child Care Assistance: DCF Child Care Family Plan Letter
- * Data Collection Consent Form and Child and Caregiver Demographics Forms

Questions about this scholarship program may be directed to Sunday Monson; sunday@positivebrightstart.org or (785) 842-9679. 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:

- Our funders require specific assessments to be collected for scholarship participating children 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.* **Willingness to provide consent for this data is appreciated as it helps keep funding possible.**

●The Ages and Stages forms, or 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 data administrator that includes a link from 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 during the scholarship year and again when you exit the scholarship program.*

Legal Disclosure: Funding sources for these programs are provided by the KS Early Childhood Block Grant and other community grants and donations. These sponsors do not participate in or oversee care of the children and are 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's 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 on my award letter.
- B.** I understand that I have a right to have my eligibility determined within 8 weeks.
- C.** I understand that applications are prioritized by financial need.
- D.** I understand that I have the responsibility to report fully all required financial information and documentation as part of my application and to cooperate in current and subsequent agency efforts to establish my eligibility for scholarship.
- E.** I agree to a full investigation of my eligibility including potential inquiries of employers. I further understand that if the agency needs to contact my employers, I hereby consent to the release of information concerning my income.
- F.** I understand that falsification of any information on this application will be grounds for termination of the scholarship.
- G.** I understand that I have the responsibility to report any changes in my financial circumstances which could impact my eligibility or the amount of scholarship I might receive.
- H.** I understand that I will be notified of my status by mail, and it is my responsibility to provide up to date mailing and other contact information during the scholarship year.
- I.** 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, 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.
- J.** I understand that my child must be enrolled in a participating school in order to receive a scholarship. If my child is awarded a scholarship before a school has been chosen, I understand that I will be expected to enroll my child in a timely manner specified by the scholarship administrator. If I am unable to do so, the funds I would have received will be offered to another family on the waiting list and my name will be placed on the waiting list until further funding becomes available.
- K.** I understand that school participation in the scholarship program is voluntary and that schools contract with Positive Bright Start for each scholarship year. However, either party could choose to terminate the agreement with a written 30-day notice. If my school's agreement with the scholarship program is terminated, I will receive notice of that decision.
- L.** I understand that I am free to move my child's enrollment from one participating school to another within the scholarship year. 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.
- M.** I understand that I will not be charged more tuition or fees by my school than non-scholarship families, but that a scholarship award will not likely 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.
- N.** I understand that the scholarship fund will pay for up to five absences each month. After 5 absences, the scholarship may decrease in accordance with the fee schedule for each additional unexcused absence. This potential excessive absence fee will be in my award letter. I am responsible to pay for all unexcused absences over the five paid absences directly to my early education center. When more than five absences in a month are necessary, it is my responsibility to contact the scholarship administrator for determination.
- O.** I understand that when I consent to data collection, I may be expected to provide the parent completed data, the ASQ 3 and ASQ SE: 2 forms, by specified dates multiple times during the scholarship year and when my child leaves the scholarship program.

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: _____

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Early Education Program (school choice – see last page of the application): _____

Days of the Week and Hours of School Enrollment: _____

Caregiver Information

1. Primary Caregiver/Parent/Guardian _____ Address _____

2. Any Additional Parent/Guardian _____ Address _____

Who has custody of the child(ren)? _____ Relationship to child(ren): _____

With whom does the child(ren) live? _____ Relationship to child(ren): _____

Household Members (list applicant first)

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employment Income Verification: List all members of the household over the age of 18 and their employer(s).

Household Member Over 18	Employed or Unemployed	Name of Employer(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide a copy of the 2023 1040 tax return summary form for each adult member of the household.

The applicant may substitute the 1040 form with the following **only if** the household’s financial situation has changed **significantly** since that filing or the household **does not** file taxes:

- *The two most current, consecutive paystubs **or** a letter from the employer stating wages, hours, and expected monthly or yearly earnings **AND**
- * a letter explaining why the pay stubs, or the letter best represent the household member’s current income

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

- Unemployment Compensation
- Workman’s Compensation
- Social Security Benefits
- Pension/Retirement Benefits
- International Financial Support
- 3rd Party Paid Living Expenses: Please describe _____
- Other Sources: Please describe _____
- Alimony
- Disability Benefits
- Veteran’s Benefits
- Tribal Benefits
- Fellowships and/or Paid Internships

Child Support

- Child Support Approximate monthly amount _____

Provide a copy of your Kansas Payment Center Payment History for the last 12 months or other form of verification of support received.

Parent/Guardian Attending School

Name of Parent/Guardian _____

Name of School attending _____

- Grants
- Scholarships
- Educational Stipends
- Other aid _____

Provide a current student schedule, financial aid summary, and any other documentation of financial aid.

DCF Child Care Assistance or other Child Care Tuition Assistance

- DCF Child Care Assistance Monthly Amount _____
 - Other childcare/preschool tuition discounts or assistance Monthly Amount _____
- Source _____

Provide a copy of your DCF Child Care Family Plan letter and/or supporting documentation for other tuition discounts or assistance.

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



WICHITA STATE
UNIVERSITY

COMMUNITY ENGAGEMENT
INSTITUTE

Center for Applied Research and Evaluation

OFFICE LOCATION |

238 N Mead, Wichita, KS 67202

PHONE | 316.978.3843

TOLL FREE IN KS | 1.800.445.0116

FAX | 316.978.3593

WEBSITE | <http://communityengagementinstitute.org>

TWITTER | 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 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:

Tools Program/Agency Staff Will Fill Out:

- Ages and Stages Questionnaire – Social-Emotional (ASQ-SE2)
- Ages and Stages Questionnaire – Developmental (ASQ-3)
- Devereux Early Childhood Assessment (DECA)
- Indicators of Individual Growth and Development for Infants and Toddlers and/or Preschoolers (IGDIs and myIGDIs)
- Intake and Demographics Information for Parent/Caregiver and Child

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. You can skip over questions you don't want to answer or quit at any time.

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

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. The names and study numbers assigned will not be shared with anyone other than the grant or 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.

Refusal/Withdrawal: You do not have to do any of the forms if you don't want to. Your decision whether or not to help with this research will NOT affect your future relations with Wichita State University, CARE, the program(s) your child is in, or the KCCTF or their agents. You are free to skip any question or quit at any time. You have the same rights with all the forms.

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 funded 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.

You will be given a copy of this consent form to keep.

Name of Participant (Parent/Caregiver)

Date

Signature of Participant (Parent/Caregiver)

Date

Name of Child

Date

Witness Signature

Date

CHILD

Child Information

Child First Name _____ **Child Last Name** _____

Child Date of Birth _____ **Enrollment Date** _____

Number of weeks premature _____ (0=not premature)

Does the child have an IEP or IFSP? IEP IFSP None

Name of primary caregiver (parent/guardian): _____

Child's relationship to primary caregiver (select one)

- Son Daughter Niece Nephew
 Sibling Foster Child Grandchild Other

Was this child referred to your program by the Department for Children and Families?

- Yes No

CHILD

Contact Information

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____

Child Demographics

Child Gender: Male Female

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

Child Race (select all that apply):

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

CHILD

Does this child speak a language other than English at home? Yes No

Child Primary Language (select one):

- | | | | |
|-------------------------------------|-----------------------------------|----------------------------------|--|
| <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 Language |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other | | |

Child Insurance Status (select one):

- Medicaid/State Medical Insurance Program (Title XXI/CHIP)
- No Insurance Coverage
- Private or other
- Tri-care (Military Insurance)

At-Risk Criteria

Is the child participating in Part B Assistance for Education of All Children with Disabilities?

- Yes No

Is the child participating in Part C Early Intervention services?

- Yes No

Intake and Demographic Form for Caregiver Profiles

CAREGIVER CAREGIVER CAREGIVER

Caregiver Information

Caregiver First Name _____ **Caregiver Last Name** _____

Caregiver Date of Birth _____ **Enrollment Date** _____

Is this the primary caregiver of the child? Yes No

If 'No,' write the primary caregiver's name here : _____

Caregiver's relationship to primary caregiver (select one)

- | | | | |
|---------------------------------|--------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Partner | <input type="checkbox"/> Child |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Niece | <input type="checkbox"/> Nephew | <input type="checkbox"/> Sibling | <input type="checkbox"/> Other |

Contact Information

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____

Caregiver Demographics

Caregiver Gender: Male Female

Caregiver Ethnicity: Hispanic/Latino/Spanish Origin Non-Hispanic/Non-Latino/Not Spanish Origin

Caregiver Race (select all that apply):

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

Caregiver Education (select one):

- | | |
|--|--|
| <input type="checkbox"/> Currently enrolled in high school | <input type="checkbox"/> HS diploma |
| <input type="checkbox"/> Of high school age, not enrolled | <input type="checkbox"/> Some college/training |
| <input type="checkbox"/> Less than HS diploma | <input type="checkbox"/> Technical training certification/Associate degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor degree or higher |

Caregiver Employment Status (select one):

- Employed full-time Employed part-time Not employed

Is the caregiver a migrant worker? Yes No

Caregiver Marital Status (select one):

- Never married Married Divorced Widowed

Caregiver Insurance Status (select one):

- Medicaid/State Medical Insurance Program (Title XXI/KanCare)
 No Insurance Coverage
 Private or other
 Tri-care (Military Insurance)

Caregiver Military Status (select one):

- Current Armed Forces Member Former Armed Forces Member None

Primary and/or secondary caregiver military status (select one):

- Current Armed Forces Member Former Armed Forces Member None

Does this caregiver speak a language other than English at home? Yes No

Caregiver Primary Language (select one):

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

Household Information

of people in household (include everyone): _____ **# of children under 18 in household:** _____

Housing Arrangement (select one):

- Stable housing Temporary housing Homeless/living in a shelter

In the last year, has your family had to sleep in a temporary living arrangement? Yes No

Household Income Sources

Income sources for the household (select all that apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social Security | <input type="checkbox"/> Supplemental Security Insurance (SSI) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other |

Total Yearly Household Income (select one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$40,000 – \$49,999 | <input type="checkbox"/> \$80,000 – \$89,999 |
| <input type="checkbox"/> \$10,000 – \$19,999 | <input type="checkbox"/> \$50,000 – \$59,999 | <input type="checkbox"/> \$90,000 – \$99,999 |
| <input type="checkbox"/> \$20,000 – \$29,999 | <input type="checkbox"/> \$60,000 – \$69,999 | <input type="checkbox"/> Greater than \$100,000 |
| <input type="checkbox"/> \$30,000 – \$39,999 | <input type="checkbox"/> \$70,000 – \$79,999 | |

CAREGIVER

CAREGIVER

Scholarship Site Directory

Ballard Community Center

708 Elm St, Lawrence 66044

(785) 842-0729

Carolyn Krehbriel

sissy@ballardcenter.org

Brown Like Me Infant and Toddler Care

2109 Mitchell, Lawrence 66046

Daneka Vann

dvann@dcsb6.org

Children's Learning Center (CLC)

205 N Michigan 66044

(785) 841-2185

CeCe Courter

cclrtr@gmail.com

Children's Learning Center South

3015 West 31st Street 66047

(785) 312-8258

Edna A. Hill Child Development Center

1000 Sunnyside Ave. 66045

(785) 864-3498

Erin Herschell

eherschell@ku.edu

Googols of Learning Child Development Center

500 Rockledge Rd 66049

(785) 856-6002

Amy Gottschamer

amy@gogolsoflearning.com

Hilltop Child Development Center

1652 Ousdahl Rd 66045

(785) 864-4940

Kelly Galindo

kelly.galindo@ku.edu

Lawrence Community Nursery School (LCNS)

645 Alabama St. 66044

(785) 842-0064

Stephanie Duncan

director@lcns.coop

Little Jayhawkers Day Care

1311 Monterey Way 66049

(785) 813-1485

Amanda Yother

littlejayhawkersdaycare@gmail.com

Positive Bright Start Preschool

1600 Haskell, #159 & 160 66046

(785) 842-9679

Margaret Grove

margaret@positivebrightstart.org

Raintree Montessori School

4601 Clinton Pkwy 66047

(785) 843-6800

Heather Eichhorn

heather@raintreemontessori.org