

**BooSt Together for Children Early Childhood Iowa  
Preschool Scholarship Program Applicant Form**

**Preschool Applicant Name:** \_\_\_\_\_

**Legal Name of Contracting Agency (if different from Applicant Preschool):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Director: (individual responsible for oversight of funds)** \_\_\_\_\_

**Board Chairperson (if applicable):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Federal Tax ID#:** \_\_\_\_\_

**Organization Status:** School district operated preschool: \_\_\_\_\_

Private, for-profit licensed preschool: \_\_\_\_\_

Non-profit licensed preschool: \_\_\_\_\_

Faith-based licensed preschool: \_\_\_\_\_

Other (identify): \_\_\_\_\_

1. Identify the standards criteria your preschool program meets (mark all that apply); attach documentation to verify:

\_\_\_\_\_ Accredited by the National Association for the Education of Young Children (NAEYC)

\_\_\_\_\_ Meets the Head Start Program Performance Standards

\_\_\_\_\_ Iowa's Quality Preschool Program Standards (QPPS)

\_\_\_\_\_ Achieved Level 3 or higher on Iowa Quality for Kids (IQ4K), if rated, what is your current rating? \_\_\_\_\_

Does your agency work with CCRR or a nurse consultant on quality improvement activities? \_\_\_\_\_

2. Does your facility use ASQ-SE \_\_\_\_\_ OR ASQ-3 \_\_\_\_\_?

3. Who within the program is responsible for measuring progress toward quality standards?

4. Who within the program would be responsible for tracking and reporting performance measures and attendance data to the BooSt Together ECI Board? \_\_\_\_\_

5. Research-Based Curriculum/Curricula Used: \_\_\_\_\_

6. Child Assessment Tool(s) Used: \_\_\_\_\_

7. Preschool Enrollment Capacity: # of 3-year old Half day program: \_\_\_\_\_ # of 3-year old's in Full day program: \_\_\_\_\_ # of 4-year old's in Program: \_\_\_\_\_

8. Preschool Classroom Hours Per Week: For 3-year old's half day Program: \_\_\_\_\_ for 3 year old's Full day Program: \_\_\_\_\_ for 4-year old's Program : \_\_\_\_\_

9. Monthly Preschool Tuition Rates:

For 3-year old's Half Day : \_\_\_\_\_ For 3 Year old's Full Day: \_\_\_\_\_ for 4-year old's: \_\_\_\_\_

Reminder: 4-year-old eligibility are children **not receiving any other kind of aid, state or federal.**

10. Describe how the preschool program strives to meet the essential elements for high quality preschool programming as outlined by the Iowa Department of Education (i.e., Early Childhood Standards, teacher qualifications, teacher compensation, assistant teacher/paraprofessional training, maximum class size, professional development, strong administrative support and leadership, family involvement).

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11. BooSt Together ECI Preschool Tuition Scholarship Funds Requested: (Funds should be requested on a per child basis not to exceed **\$245.00 per month per child**. Please try to estimate the actual number of scholarships you will award. If you receive additional applications you may request additional funding.)

a) \_\_\_\_\_ # of eligible 3-year old's X \$ \_\_\_\_\_ tuition for 9 months (up to \$245/month) = \$ \_\_\_\_\_ for 3-year old's for Half day funding.

b) \_\_\_\_\_ # of eligible 3-year old's X \$ \_\_\_\_\_ tuition for 9 months (up to \$245/month) = \$ \_\_\_\_\_ for 3-year old's. for Full day funding. (Please note full day funding is based on available funds).

c) \_\_\_\_\_ # of eligible 4-year old's X \$ \_\_\_\_\_ tuition for 9 months (up to \$245/month) = \$ \_\_\_\_\_ for 4-year old's [4-year old's not receiving state or federal assistance].

12. Total Preschool Tuition Scholarship funds requested for FY2024 (**add 10 a, b & c**): \$ \_\_\_\_\_

13. Does your agency receive funds through a State-funded voluntary 4-year old preschool grant from the Department of Education?

No \_\_\_\_\_ Yes \_\_\_\_\_ if yes, identify which school district(s): \_\_\_\_\_

If yes, what is the anticipated amount of 2023-2024 school year funding to be received? \$ \_\_\_\_\_

I certify that I am duly authorized to commit and make assurances for the applicant, and therefore agree to comply with all the provisions of the Request for Proposal, and to the best of my knowledge, the information contained in this application is correct and complete.

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Name

Date