

## Early Learning Scholarship – Pathway II Application

### Instructions

#### What is an Early Learning Scholarship?

An Early Learning Scholarship – Pathway II can help your child attend high-quality child care and early education to ensure your child enters kindergarten ready to succeed. A program is eligible to receive Pathway II funds if they are Parent Aware Four-Star Rated. Parent Aware is a rating tool to help parents select high-quality early childhood programs. For more information, visit the [Parent Aware website](https://parentaware.org) (ParentAware.org). **Note:** Children may only receive one scholarship between July 1 and June 30 each year and cannot receive a Pathway I and Pathway II scholarship at the same time.

#### Where can my child use a scholarship?

Early Learning Scholarships – Pathway II are awarded to families by an eligible Parent Aware Four-Star Rated program. Pathway II early childhood programs receive scholarship funds from the Minnesota Department of Education. These programs then use their funds to award scholarships to families whose children attend the Pathway II program. The scholarships must be used at the awarding Pathway II program. The funding stays with the program to support other children if your child leaves.

#### What are the eligibility requirements?

1. **Age:** Children birth through age 4 are eligible, and 5-year-olds are eligible if they turned 5 after September 1 of the current school year. (Children age out of eligibility if they are age 5 on September 1 or are enrolled in and attending kindergarten, whichever is earlier.)
2. **Address:** The child resides in Minnesota (they have a Minnesota address.)
3. **Income:** The family has a household income equal to or less than 47 percent of the State Median Income OR is receiving assistance from an approved state or federally funded program.

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 October 14, 2024 through October 2025. The chart will be updated in October 2025.

Family Size	Annual Income before Taxes	Family Size	Annual Income before Taxes
2	\$44,006	8	\$89,306
3	\$54,360	9	\$91,247
4	\$64,714	10	\$93,189
5	\$75,068	11	\$95,130
6	\$85,423	12	\$97,071
7	\$87,365	13	\$99,013

## Priority Populations

Children receive priority status for Early Learning Scholarship funds if they meet one or more of the following criteria. Families must also meet income requirements to be eligible, unless noted below.

- Are in foster care or have a parent/guardian who is in extended foster care up to age 21 (no income documentation required).
- Have been referred as in need of child protection services (no income documentation required).
- Have a parent under age 21 who is pursuing a high school diploma or GED.
- Have experienced homelessness in the last 24 months.
- Have a parent currently in jail, prison, detention center or on active supervision.
- Are in or have a parent currently in a substance use treatment program.
- Are in or have a parent currently in a mental health treatment program.
- Have experienced domestic violence.
- Currently have an individualized education program (IEP, ages 3 to 5) or an individualized family service plan (IFSP, ages birth to 3).

## How do I Apply for an Early Learning Scholarship?

1. Complete the application in blue/black ink or electronically. Information that is required is marked with an asterisk (\*).
  - If the child is in foster care, the county or tribal social service agency must complete and sign the application. The foster parent cannot apply directly for a scholarship.
2. Attach the required documentation to demonstrate your eligibility. See Page 6 for requirements for Option 1 (proof of participation in a publicly funded program) or Page 7 for Option 2 (proof of income).
  - If applying in the parent under 21 eligibility category, the applicant must provide written proof of the parent's pursuit of a high school diploma or GED® on the letterhead of the education organization providing the course(s) of study the parent attends.
3. Read the Agreement to Comply with Requirements and Tennessee Warning.
4. Sign and date the application in blue/black ink or electronic signature.
5. Submit your original application to the Pathway II program by following the instructions provided at the bottom of the Application Checklist on the next page.

*This form was created by State of Minnesota and must not be altered or adjusted in any way.*

*Funding is provided by the State of Minnesota to support administration of early learning scholarships, Minnesota Statutes, section 124D.165.*

## Application Checklist

Review the checklist below to make sure you have everything you need for your application:

- Complete all required areas of the application. The items marked with an asterisk (\*) are required. All other information is optional.
- Complete this form in blue/black ink or electronically.
- Carefully read each line of the **Agreement to Comply with Requirements** section and the **Tennessean Warning**.
- Sign and date the application in blue/black ink or electronically.
  - *Optional:* Read the agreement to participate in the evaluation and initial to give consent.
- Staple all supporting documents to the back of the application. Supporting documents include:
  - For Option 1: Documentation demonstrating current participation in one of the approved public programs listed on Page 6.
  - For Option 2: Income documentation in addition to the *Option 2 Adults in the Household and their Income* on Page 7 of the application.
    - If none of the adult members of your household have any income, the *Household Declaration of No Income* form on Page 8 must be completed by one adult and submitted with your application.
  - If you are a teen parent under 21 and are pursuing a high school diploma or GED<sup>®</sup>, you must provide written proof of your pursuit of a high school diploma or GED<sup>®</sup> on the letterhead of the educational organization providing the course(s) of study you attend.
- Submit the completed, signed application with attached eligibility documentation to the Pathway II program listed below.
- Keep at least one copy of the application and attachments for your own records.

## Submit the Application

Submit your completed application and eligibility documentation to your Pathway II program:

*Missing documentation such as proof of program participation or income, or missing signatures may cause a delay.*

*This page is intentionally left blank.*

**Box is for Administrator Use Only:**Program Name: \_\_\_\_\_  
Application Fiscal Year: \_\_\_\_\_

## Early Learning Scholarship – Pathway II Application

Complete this form in blue/black ink or electronically. Information with an asterisk (\*) is required to be filled out by the parent/guardian. If any required questions are left blank, the parent/guardian will need to correct the application.

If your child is in foster care, your foster care case worker must apply on behalf of the child. Foster parents cannot apply for a scholarship themselves.

### Child Information

Provide information for all children you want considered for a scholarship. Use separate applications for children living at different addresses. Siblings are children who share one or both parents through blood, marriage or adoption, including siblings as defined by the children's tribal code or custom.

**Note:** Children age 5 or older on September 1 of the current fiscal year are not eligible to receive a scholarship.

#### Child One

\*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: \_\_\_\_\_

#### Additional Children

Are you applying for more than one child?  Yes  No

*If you are applying for more than one child, use the extra page at the end of the application.*

## Parent/Legal Guardian Information

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

Note: If any child is in foster care, please skip this section and complete the "Foster Care Information" 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)  
 Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you consent to receive text messages from your program/administrator? *Msg/data rates may apply.*  Yes  No

Mailing Address (If different from resident address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

### Additional Contact 1

If there is another contact such as another parent/legal guardian, additional family member, case worker, program staff, interpreter, or other adult that you want to include on your application, list them here. If there are two parent/legal guardians, the second parent/legal guardian should be listed here. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

Name: \_\_\_\_\_  
*First* *Middle* *Last*

Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you consent to receive text messages from your program/administrator? *Msg/data rates may apply.*  Yes  No

Relationship to child/children: \_\_\_\_\_

### Additional Contact 2

Optional: If there is another contact such as an additional family member, case worker, program staff, interpreter, or other adult that you want to include on your application, list them here. By listing this person, you give your consent for the Area Administrator to contact this adult to discuss the information on this form.

Name: \_\_\_\_\_  
*First* *Middle* *Last*

Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you consent to receive text messages from your program/administrator? *Msg/data rates may apply.*  Yes  No

Relationship to child/children: \_\_\_\_\_

If you are not applying for a child in protective services and/or foster care, skip this page.

## For a Child in Protective Services

If your child is not receiving child protective services, leave this section blank.

Referring Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Foster Care Information

**This section must be completed by the foster care county or tribal social service agency worker.**

By completing this section, you are designating yourself as the point of contact for the Pathway II program if there is a need to discuss the information on this form. The county or tribal social service agency worker should notify the Pathway II program of any changes that could impact the child's scholarship.

At the end of the application, the county or tribal social service agency worker should sign as the parent/guardian.

County or Tribal Social Service Agency: \_\_\_\_\_

County or Tribal Social Service Agency Address: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Residence of Child

Current Resident Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Resident School District of the child based on the address of the home from which the child was removed:

\_\_\_\_\_

## Foster Care Parent Contact

Foster Parent's Name: \_\_\_\_\_  
*First Middle Last*

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## For a Parent in Extended Foster Care Up to Age 21

If you are not a parent in extended foster care, leave this section blank. If your child is in foster care, their case worker must complete the application.

Referring Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

# Family Information

## Children in Household\*

List all Household Members who are **infants, children, and students up to and including grade 12**, including the children listed in this application. See page 6 for the definition of household. Do not list adults over grade 12 in this table. If more spaces are required for additional names, attach another sheet of paper.

Child's First Name List all children in household including scholarship applicant children.	Middle Initial	Child's Last Name	Child's Age

What language does your family speak most at home?

- English   
  Hmong   
  Somali   
  Spanish   
  Vietnamese   
  Other: \_\_\_\_\_

Do you need an interpreter?     Yes     No

Are any members of your household affiliated with one of the eleven federally recognized tribes in Minnesota? *If yes, check all that apply. If no, leave blank.*

- Bois Forte Band of Chippewa   
  Fond Du Lac Band of Lake Superior Chippewa   
  Grand Portage Band of Lake Superior Chippewa  
 Leech Lake Band of Ojibwe   
  Lower Sioux Indian Community   
  Mille Lacs Band of Ojibwe  
 Prairie Island Indian Community   
  Red Lake Nation   
  Shakopee Mdewakanton Sioux Community  
 Upper Sioux Community   
  White Earth Nation  
 Other: \_\_\_\_\_

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

- Less than high school   
  High school or GED   
  Some college or no degree   
  College degree

What is your current employment status? *Check one.*

- Employed full-time (25 hours/week or more)   
  Employed part-time (less than 25 hours/week)  
 Unemployed, seeking employment   
  Unemployed, not seeking employment

How did you hear about Early Learning Scholarships? *Check all that apply.*

- My program   
  Friend/Family   
  Another family in my program  
 Area Administrator   
  Community partner (i.e., library)   
  Social media (Facebook, Twitter)  
 Online research   
  Parent Aware/Child Care Aware   
  Tribal, County, or State service provider  
 Flyer/advertisement   
  Other: \_\_\_\_\_

The following information is being requested because certain situations may prioritize your child for an early learning scholarship. Sharing this information is optional, and can only benefit your child's application, and cannot be used to deny your child's application. For more details, view the Supplemental Guide for Priority Populations on the [Early Learning Scholarships webpage](https://education.mn.gov/MDE/fam/elsprog/elschol/): <https://education.mn.gov/MDE/fam/elsprog/elschol/>

Are you a teen parent under 21 and pursuing a high school diploma or GED?  Yes  No

If yes, Date of Birth (MM/DD/YYYY): \_\_\_\_\_

And attach written proof of your pursuit of a high school diploma or GED® on the letterhead of the educational organization.

Is a parent, primary caregiver, legal guardian, and/or the child experiencing any of the following? Check any that apply.

- Currently in jail, prison, detention center or on active supervision  Currently in a substance use treatment program  
 Currently in a mental health treatment program  Domestic Violence  
 Currently have an individualized education program (IEP, ages 3 to 5) or an individualized family service plan (IFSP, ages birth to 3)

Has your family experienced any of the following living situations at any point in the last 24 months (including now) due to economic hardship or loss of housing? Check any that apply.

- Shelter  Moving from place to place  Doubling up temporarily with other family or friends  
 Hotel, motel, trailer, or campground (due to loss of housing, economic hardship, or similar reason)  
 Car, outside, or public space

# Proof of Income Eligibility

Families must demonstrate their income eligibility.

## Option 1: Participation in Public Programs

- If you respond **yes** to one or more of questions 1 through 7, **attach documentation for one of your public programs** to your application.
- **Acceptable proof of participation includes:** official notice on program letterhead; application with program approval/signature (i.e., approved CACFP or FRPM application); authorization form from the public program; current bill or receipt from the program (i.e., MEC<sup>2</sup> bill from CCAP); or screenshot from a program’s official system of record (i.e., free or reduced-priced meals status in Infinite Campus). Proof of participation must have the name of the parent/guardian and/or child(ren), must be dated, and must be valid at the time of the award.
- **Unacceptable proof includes:** a waitlist letter, an unapproved application, documentation without a date, and/or expired documentation.

Public Program Attach proof from <b>one program</b> listed below.	Select Yes or No
<b>1. Does your child or a sibling participate in the Free and Reduced-Price Meals Program (FRPM)?</b> <i>If yes, attach FRPM documentation such as an authorization letter, an approved application with program signature, or documentation from your program’s official system of record.</i>	<input type="radio"/> Yes <input type="radio"/> No
<b>2. Do you currently participate in the Child Care Assistance Program (CCAP)?</b> <i>If yes, attach CCAP documentation such as a Notice of Decision letter.</i>	<input type="radio"/> Yes <input type="radio"/> No
<b>3. Is your child currently enrolled in a Head Start program?</b> <i>If yes, attach documentation of participation in Head Start such as an acceptance/authorization letter from the Head Start agency or approved enrollment form with program signature.</i>	<input type="radio"/> Yes <input type="radio"/> No
<b>4. Do you currently participate in the Supplemental Nutrition Assistance Program (SNAP)?</b> <i>If yes, attach SNAP documentation such as a letter or status statement from your county, or other county documentation. A copy of your EBT card is not acceptable documentation.</i>	<input type="radio"/> Yes <input type="radio"/> No
<b>5. Do you currently participate in the Minnesota Family Investment Program (MFIP)?</b> <i>If yes, attach MFIP documentation such as a letter or status statement from your county, or other county documentation.</i>	<input type="radio"/> Yes <input type="radio"/> No
<b>6. Do you currently participate in the Child Adult Care Food Program (CACFP)?</b> <i>If yes, attach CACFP documentation that shows your child’s participation such as an authorization letter or an approved application with program signature. Note: Families are not income-eligible for scholarships based solely on CACFP provider area eligibility. Families must be eligible based on their own income.</i>	<input type="radio"/> Yes <input type="radio"/> No
<b>7. Do you currently participate in a Food Distribution Program on an Indian Reservation?</b> <i>If yes, attach Food Distribution Program documentation such as an authorization letter or a status statement.</i>	<input type="radio"/> Yes <input type="radio"/> No

If you responded **yes** to one or more of questions 1 through 7, skip pages 7 and 8.

If you responded **no** to questions 1 through 8, you will need to use **Option 2** to demonstrate your income. Complete the *Adults in the Household and their Income* table on the following page and submit valid income documentation for review of eligibility.

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

## Option 2: Household Income Eligibility

### Step 1: Complete the "Adults in the Household and their Income" Table.

- List adult household members (including yourself) in the table.
- For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related."
  - Household members includes all people living in the household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. Households do not include other people who are economically independent, such as a roommate.
  - Include any college students temporarily away from home.
  - Include all adults, even if they do not have an income.
- If they do receive income, report the total gross income only. Enter income(s) in whole dollars.
- If they do not receive income from any source, check the "No Income" box.

### Step 2: Attach proof of income for each adult listed. Include proof for all types of income earned.

- Acceptable proof includes the previous year's W-2 form, most recent (consecutive) 30 days of pay stubs for each income earner, financial aid statement, or a statement from an employer on company letterhead.
  - Families should submit the most current documentation available.
  - Pay stubs must be dated within six months of the award.
- If other types of documentation are not available, the previous year's income tax filing documents may be used. The tax documents must be a copy of the signed version submitted to the Internal Revenue Service (IRS) or include the confirmation notice if submitted electronically.
- If the household has no income, one of the adults in the household must complete the *Household Declaration of No Income* on Page 7.

### Sources of Income for Adults

#### Gross Pay from Work

- Salary, wages, cash bonuses (before deductions or taxes)
- If you are in the U.S. Military:
  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
  - Allowances for off-base housing, food and clothing

#### Self-Employed or a Farmer

- Net income from self-employment (farm or business)

#### Child Support, Alimony

- Child support payments, Alimony payments

#### All Other Incomes

- Other Cash Assistance from State or local government (do not include any Option 1 programs listed on Page 5)
- Unemployment benefits
- Worker's compensation
- Veteran's benefits
- Strike benefits
- Social Security, disability benefits
- Regular income from trusts or estates
- Annuities, investment income, Rental income
- Regular cash payments from outside household

## Adults in the Household and their Income

Names of All Adult Household Members (First and Last)	Gross Pay from Work <i>Do not write in an hourly wage.</i>				Are you Self-Employed or a Farmer?		Child Support, Alimony				All Other Incomes				No Income		
	Weekly	Bi-Weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents). (\$)	Monthly	Yearly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment benefits, etc. (\$)	Check if this adult has 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									

**Complete this page** if **no** adult members of your household have income.  
**Skip this page** if you are using an Option 1 program or if one or more adults in your household have an income.

- Households with no income still need to list all adults in the household on Page 7.
- Do not complete this page if income for one or more adults is listed on Page 7.
- Do not complete this page if you answered “yes” to questions 1-7 on Page 6 and are submitting proof of participation in a public program.

## Household Declaration of No Income

This statement below serves as your declaration of no household income for Option 2. This form must be completed by the same parent or legal guardian who signs the *Early Learning Scholarships – Pathway II Application*.

I, \_\_\_\_\_, declare that we as a household currently  
*Print full legal name*

do not have income on this day of \_\_\_\_\_.  
*Today's Date: MM/DD/YYYY*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature Date: MM/DD/YYYY*

## 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.

- 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.
- **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.
- My child will remain eligible to receive a scholarship through August 31 of the year he/she is age-eligible for kindergarten, or 5 years old on September 1, as long as state funding is available.
- I will notify the Pathway II program when my child stops attending the program where we are using a scholarship.
- I will notify the Pathway II program if I move or my contact information changes.
- Regular and consistent attendance is expected. Early Learning Scholarships cannot pay for more than 25 absent days, 10 planned closure days and 11 program holidays. Absent days over 25 will not be covered by scholarships and charges must be paid at my own expense unless an official exemption has been extended to my child(ren).
- If the program is no longer participating in Parent Aware, I may not be able to continue to use the Early Learning Scholarship for that program.
- If I am a family child care provider participating in Parent Aware, I understand that I am not able to use my own child's Early Learning Scholarship at my licensed family child care.

## Required Consent to Share Your Information

You must consent to all of the following statements to participate in the scholarship program.

- The Scholarship/Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application, as well as any scholarship amount my child is eligible for and the award date, with the program I choose. This is needed to ensure accuracy between the application and the information retained by the program.
- The Scholarship/Area Administrator may share my child's/children's name, address, date of birth and gender, and my name and address as listed on the application with: (1) my local school district, for purposes of assigning my child a unique Statewide Student Identification (SSID) number to be used by the Scholarship/Area Administrator, and (2) the Minnesota Department of Education (MDE) to identify my child and validate scholarship payments.
- The State of Minnesota may share information about me and my child's/children's eligibility for and use of scholarships with other governmental agencies and programs including, but not limited to: the Child Care Assistance Program (CCAP), county or Tribal social agency workers, MFIP, SNAP, Head Start, free and reduced-price meals (FRPM), and the Child and Adult Care Food Program (CACFP). These agencies can also share information about me and my child's eligibility for and use of assistance with the State of Minnesota. This information may be used to verify my family's income eligibility for scholarships and to monitor the use of scholarships and other public assistance programs. I understand that consent to share my information remains in effect for six months after my scholarship ends.
- Scholarship/Area Administrators may share information from this application with the State of Minnesota including my name and address; demographic information; parent education; income information; my child's eligibility for and the amount of any Early Learning Scholarship; the program where I am using the scholarship; my child's SSID number; and whether or not I have complied with program requirements. This information is required to review eligibility, program implementation, and is necessary to comply with the state law authorizing the program.
- In order to verify the early childhood screening has taken place, the Scholarship/Area Administrator has my permission to contact the school district office of the child to verify the screening location and date.

**Note:** *I do not have to consent to sharing my information, but if I choose not to, I understand my child/children will not be eligible to receive an Early Learning Scholarship. Information to be released does not include supporting documents attached to this application.*

## Tennessen Warning from the State of Minnesota

This notice applies to all information collected for the Early Learning Scholarships program. It explains what information we will collect and why we are collecting it.

### **What Information are we requesting?**

We are requesting all information on the Early Learning Scholarship – Pathway II program application, some of which is considered private data under Minnesota law.

### **Why do we ask you for this information?**

Information on this application is required to apply for an Early Learning Scholarship. We will use the information collected here, and any additional related information, to determine eligibility for funding. This information is necessary to comply with the state law authorizing the program.

### **Am I required to provide this data?**

There is no legal obligation for you to provide the data requested; however, without it, we cannot determine your child's eligibility and your child will not receive a scholarship.

### **Who else may see this information?**

As described elsewhere in the application, with your required informed consent we will share your information with the program that you choose, your resident school district, and the Minnesota Department of Education. If you provide your optional consent, a third-party entity will make use of your information when evaluating the effectiveness of the scholarship program for the state. All of these entities, including the evaluator, are bound by Minnesota's data practices and privacy laws and will not share your private data except as described here and in the consent. The evaluator must not share your data with anyone except MDE. We may also give the data you have provided to the Legislative Auditor, the Minnesota Department of Human Services, and/or other agencies with the legal authority to access the information, or anyone authorized by a court order.

### **How else may this information be used?**

We may use or release this information only as stated in this notice, unless you give us your written permission to release the information for another purpose or to another individual or entity. The information may be used for another purpose if the U.S. Congress or the Minnesota Legislature passes a law allowing or requiring other uses.

### **How long will my data be kept?**

Your data will be kept for a minimum of seven years.

## **Optional Consent: Release Information and Participate in an Evaluation**

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

\_\_\_\_ Scholarship/Area Administrator or 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 authorized 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 learning programs where scholarships are used, and other evaluations deemed relevant by the State of Minnesota. No public report will include specific identifying information about any individual child.

## Parent/Guardian Signature

By signing below, you agree and verify all of the following:

1. I verify that I am the parent or legal guardian, all information on this application is true, and the incomes of all adult household members are reported. I understand that if false information is given, my child/children may lose the scholarship and I may need to reimburse the state for funds already paid.
2. I agree to the program requirements described on the Agreement to Comply with Requirements page.
3. I agree to have my information and/or my child's information shared as described on the Required Consent to Share Your Information.
4. I agree that I have read and understand the Tennessee Warning.

### Signature of Parent or Legal Guardian

Sign in blue/black ink or electronically, not in pencil.

\*Parent/Guardian's Legal Name: \_\_\_\_\_  
*First Middle Last*

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_  
*MM/DD/YYYY*

Submit your completed application and eligibility documentation to your Pathway II program.

## Program Representative Signature/Award Verification Date

I acknowledge that the required information on this *Early Learning Scholarship – Pathway II Application* has been reviewed and approved as true for the purpose of awarding a Pathway II scholarship within our program. I also acknowledge that we have discussed the Early Learning Scholarship options and benefits with the family and that they have accepted the Pathway II scholarship from our program.

\*Program Representative Name: \_\_\_\_\_  
*First Last*

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_  
*Award Verification Date - MM/DD/YYYY*

\*Pathway II Program Name: \_\_\_\_\_

\*Site Name (if applicable): \_\_\_\_\_

\*Child 1 Award Start Date: \_\_\_\_\_ \*Child 1 Award Amount: \_\_\_\_\_

Child 2 Award Start Date: \_\_\_\_\_ Child 2 Award Amount: \_\_\_\_\_

Child 3 Award Start Date: \_\_\_\_\_ Child 3 Award Amount: \_\_\_\_\_

If you are applying for more than one child, list them here and attach this page to your *Early Learning Scholarship – Pathway II Application*. Do not enter information again for Child One listed on Page 1 of the application. 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: \_\_\_\_\_

### 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: \_\_\_\_\_