

Financial Aid Options at Ruth Washburn

Ruth Washburn Financial Aid-All Ruth Washburn Families are eligible to apply

The purpose of the financial aid program is to enable a student of any background to attend the school who might otherwise be unable to attend because of financial limitations.

Financial need is the primary criteria for the selection of financial aid recipients. **We use 300% of the federal poverty level as the highest amount a family can make and still qualify for aid. Please see the chart below for maximum income amounts to qualify through financial need.**

Adults and children in household	maximum income to apply
2	\$51,720
3	\$65,160
4	\$78,600
5	\$92,040
6	\$105,480
7	\$118,920

If you have specific questions regarding your circumstances, please call the director (Jen) at 636-3084.

Other considerations may be made in allocating aid among those families with demonstrable financial need.

School families: As a cooperative nursery school, we are serving families with young children. We want **all** children in a family to have an equal opportunity to attend our school if the family has limited resources.

- **Minority families:** One goal of the school is to have a broader racial and ethnic population. The availability of financial aid is one component that can be used to realize that goal.
- **Children with special needs:** The enrollment of children with special needs, within our ability to provide for their needs, is a valuable goal for our school.

A three-person committee of alumni board members will review all applications for aid and determine the amount of aid to be granted. Families will be notified of final decisions within one month of the application deadline. The review process will be confidential and anonymous.

In order to offer aid to as many families as possible, financial aid generally does not exceed 50% of tuition costs, however the financial aid committee has the power to award an amount that is higher than 50% if deemed appropriate. Every financial aid family is required to pay the balance of tuition for their child/children.

Colorado Preschool Program-Families residing in District 11 are eligible to apply

The Colorado Preschool Program was established by the Colorado General Assembly to provide tuition funds for families in need. Ruth Washburn has community tuition-free spots available each year for families who qualify. Qualifying criteria include, but are not limited to:

Significant financial hardship	Overseas deployment	Language or social concerns
Premature birth	Frequent relocations by family	Developmental concerns
Socioeconomic concerns	Traumatic events in child's life	Health Concerns

Eligibility requirements vary depending on age. Families of three year old applicants must qualify in multiple areas. Students must turn 3 or 4 years of age by October 1 to be eligible for the program. Children who are 5 before October 1 do not qualify for this program. The availability of preschool slots supported by CPP is subject to the Colorado legislative budget process, which determines the number of students who can receive funds each year. We will not be notified about who actually has a spot until May.

Students who receive a fee/tuition free spot will also be assessed by the trained classroom teacher three times per year using the Teaching Strategies Gold assessment system. This assessment is required by both the State of Colorado and Colorado Springs School District 11 as part of the contract we sign with them. This assessment helps to insure that all preschool students in the state of Colorado are receiving quality education.

Financial Aid Worksheet

Please fill out and return by **April 1**,
ONLY if applying for financial aid.

Fill out COMPLETELY. Incomplete applications will not be considered. Financial aid will be confidential and carry no special requirements other than those shared by the general membership. Financial aid is, however, contingent upon the child(ren) attending at least 90% of the scheduled class days for the school year. The financial aid will not be reduced or withdrawn during the school year unless the child(ren) is/are withdrawn from school. Willful neglect of the member's co-op responsibilities could be the basis for reduction or rejection of financial aid in the current or subsequent years.

- Family Name (This will be blacked out before it is given to committee) _____
- Net Annual Income (how much do you bring home annually) _____
- How many adults in household? _____
- How many children under age 18 in household? _____
- How many children are attending Ruth Washburn next school year? _____
- Classes child(ren) will be attending next school year _____
- Did you receive Financial Aid from RW last year? _____ if so, how much? _____
- Do you reside in District 11 (If you are unsure call Ruth Washburn)? _____.
- If so, have you applied for CPP funding (this is required unless your child is under age 3 or over age 5) ? _____
- Please check all community resources your family is currently utilizing?
__ TANF _____ Medicaid, CHP+
__ Food Stamps _____ WIC
- How much do you feel you are able to pay **per month** (Deposit in May and then 11 payments starting July 1 and continuing through May 1- **12 total payments**) toward tuition? _____
- Do you need financial aid help for the entire school year or only part? _____ How long if only part? _____
- On a separate page, describe any unusual or pertinent **family** or **financial** circumstances that you feel should be part of this application. **This letter stating need is an important part of the application. Applications without this addendum are often disregarded or awarded lower scholarship amounts.**

Attach **COPIES** of the following documents to this application. Your name will be blacked out before it is given to the committee. **You will not receive these copies back so do not attach originals!**

- Copy** of your full **Federal** taxes from the past year, including all schedules and all pages. If you have not filed taxes this year, attach last year's taxes and submit this year's as soon as they are complete.
- Copy** of W2s and all other supporting documentation for filing taxes last year.
- Copy** of your most recent pay stub that would show year-to-date earnings.
- Proof of community resources checked above (TANF, Food Stamps, WIC, etc.)
- Child Support or Spousal Support documents if applicable.

I attest that this application is true and correct. I understand that once an award has been made, I will be responsible for the remainder of the tuition to be paid over 12 months.

Signature

Date

**School District 11 Preschool
FAMILY INTERVIEW/APPLICATION FORM**

Colorado Preschool Program Application
Please fill out packet and return to Ruth Washburn.
Please read guidelines on RW Financial Aid Application Packet to determine whether or not you are eligible to apply.



Please complete the attached forms and return them to the Early Childhood Office in the enclosed envelope. If you have picked this up at a school building, please mail to Early Childhood Education, 1115 N El Paso St, Colorado Springs, CO 80903.

After your application has been reviewed, your child will be placed on the waitlist. Due to the nature of our waitlist, we are unable to tell you where your child is on the list. If placement becomes available, we will contact you. You can reach us at 520-2540

FOR YOUR APPLICATION TO BE PROCESSED ALL PAGES MUST BE FILLED OUT

Date _____ Neighborhood School _____

My Child has siblings permitted to _____ School

Child's Name: _____ DOB _____ Sex: ___M___F
 Last Name First Name Middle Name mo/day/yr
 (Legal Name as on Birth Certificate)

Please list all adults in the home:

First Name	Last Name	Date of Birth	Last Grade Completed	Relation to Child	Place of Work	Work Phone

Child's Address: _____ Apt # _____

City _____ Zip Code _____

Home Phone# _____

Cell Phone# _____ Name: _____

Cell Phone# _____ Name: _____

Primary Language(s) - Parent(s) _____ Child _____ Other(s) spoken at home _____

Does your child speak another language than English? ___YES___NO What Language: _____

Is your student Hispanic/Latino origin? ___YES___NO

Which of the following groups describe your child's race?

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

If there are no openings in your neighborhood school would you be interested in transporting your child to a free private preschool option located in one of the following areas?
 (check choice) ___North___South___Central___West___East

Child's Name: _____ DOB _____ Age _____

Family History

Please list all children living and deceased in order of birth:

Last Name	First Name	DOB M/D/Y	Gender	School Attending	Permit Yes/No	Grade

Which Description best fits your family?

- Two parent family
- Single parent family, mother living with partner
- Single parent family, father living with partner
- Single parent family, mother only
- Single parent family, father only
- Legal guardian of enrolled child: Relationship to child _____
- Joint Custody – Custody arrangement? _____
- Living with other relatives, please specify: _____
- Foster family
- Parent Currently Deployed

Has child ever been in foster care at any point in time? ___ YES ___ NO
When? _____

If yes how long has the child been living with you? _____

Was this child adopted? ___ YES ___ NO When? _____ Age at adoption _____

If child is not living with parent, whom are they living with? Relationship to child: _____
Why: _____

Has child ever lived away from his parents? ___ YES ___ NO When? _____
Why? _____

Has there been a separation or divorce? ___ YES ___ NO When? _____
What was your child's reaction? _____

How many residences/homes has the child lived in since birth? _____

Are you or your child receiving public assistance? ___ TANF ___ Food Stamps ___ Medicaid
If you have older children do they qualify for free or reduce lunch? ___ Free ___ Reduced ___ I don't know

Please check the following situations that apply to your family:

- Living in own home, rented home or apartment
- Living in a shelter
- Living in a hotel or motel
- Living in a camp ground
- Living in a car, park or public space
- Living with friends or relatives – Economic Hardship
- Living with friends or relatives - Roommates
- Living in a RV/Motor Home

How many times has your family moved since the child's birth? _____
Is your family's current housing situation? ___ Stable ___ Transitional

Professionals/programs who have been helpful to us: _____
 Is your child currently attending preschool? Where: _____
 Has your child attended preschool, daycare or family home childcare previously? ___ YES ___ NO
 How many total preschools, daycares or family home childcares has your child attended? _____
 Has your child ever been asked to leave another preschool, daycare or family home childcare? (This will not affect your child's participation in our program) ___ YES ___ NO
 Describe any disruptions or stresses that your family has experiences, (frequent move, illnesses, separations) or serious situations your child or family is involved in. _____

Immediate Family History of any of the following (include anyone living in the home)

Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Drug Dependence/Abuse | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Learning problems | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Significant Illness | <input type="checkbox"/> Emotional Abuse |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Bipolar | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Marijuana Use | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Other |

Comments: _____

CHILD'S HEALTH HISTORY

BIRTH HISTORY

How far along were you when you found out you were pregnant? _____
 Did you receive prenatal care? ___ YES ___ NO
 Did mother smoke or use alcohol during pregnancy? ___ YES ___ NO If "yes", which? _____
 What drugs or medication were taken during pregnancy? _____
 Did mother have any illness or difficulties during the pregnancy? ___ YES ___ NO
 Explain: _____

Length of pregnancy: _____ month/weeks Length of Labor: _____ hours
 Labor was: ___ easy ___ normal ___ difficult Delivery was: ___ vaginal ___ C-Section
 Comments: _____

Was oxygen needed for the infant? ___ YES ___ NO Was a blood transfusion needed? ___ YES ___ NO
 Child's birth weight _____ lbs _____ oz.
 Any other complications at or right after birth? _____

MEDICAL HISTORY

Has your child had any of the following? (Please check and comment on line below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bladder/Kidney Problems | <input type="checkbox"/> Head Injuries/Unconsciousness | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Heart Problem/Condition | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Feeding/Eating Problems | <input type="checkbox"/> Overweight | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Significant accident or injury | <input type="checkbox"/> Other: | |

If yes to any, please explain _____

Has your child ever seen a medical specialist? ___ YES ___ NO If "yes explain" _____

CURRENT HEALTH STATUS

How is your child's health now? Excellent Good Fair Poor

Explain any health problems concerns: _____

Does your child have a known medical diagnosis? YES NO If "Yes, what is it? _____

Is your child on medication now? YES NO

Medication	Dosage	Times Given	Reason
_____	_____	_____	_____
_____	_____	_____	_____

Date last dental exam: _____ Dentist's Name: _____ Results _____

Date of last vision test: _____ Eye Doctor's Name: _____ Results: _____

Does your child wear glasses or contact lenses? YES NO

Explain any eye problem and when it started: _____

Date of last hearing test: _____ Where _____ Results _____

Do you think your child might have a hearing problem? (Turns television too loud, says "what" frequently, speaks too loudly) YES NO

If "yes, explain: _____

NUTRITION

Any food allergies _____

Describe what your child eats in a typical day _____

Describe his/her eating habits _____

FAMILY MEDICAL HISTORY

Is there a family history of the following? (Check and put relationship to child)

Family History	Relationship to Child
Asthma	_____
Epilepsy	_____
Diabetes	_____
Neurological Disorders	_____
Heart	_____
TB	_____
Birth Defects	_____
Other:	_____

Anything else you feel we should know about your child's health?

CHILD'S DEVELOPMENTAL OVERVIEW

Have you received services birth to three such as The Resource Exchange (TRE)? YES NO

If "yes", where? _____ When? _____

Has your child been evaluated or are they receiving therapy services currently? YES NO

What type of therapy? _____

Where? (Private Provider, Head Start, Resources, Hospital) _____

Does your child have a CNA, Nurse or LPN? YES NO

Does your child have a current IEP (Individual Education Plan)? YES NO

If "yes, from where? _____

The following statements describe the things that children do as part of growing up. If the statement describes your child's **present** behavior, answer YES. If the statement does not describe your child's **present** behavior, answer NO. Answer YES or NO by what you have seen your child do, not what you think he/she may be able to do.

	My child:	YES	NO
1	uses short sentences to express simple ideas		
2	expresses ideas without getting things mixed up		
3	follows simple directions (i.e.: "Go to your room and get your shoes")		
4	speaks so others can understand them		
5	seems to understand when spoken to		
6	points to objects you have named		
7	responds when his/her name is called, even from another room		
8	asks for help with activities		
9	imitates sounds or movements		
10	has conversations with others		
11	takes turns when speaking with others		
12	talks to other children		
13	keeps on topic when they are talking		
14	tells me what they want or what they need		
15	is understood when he/she talks to other children		
16	stutters or stammers		
17	often hits, kicks, or bites other children		
18	avoids making eye contact when speaking to a familiar person		
19	screams, cries, or tantrums for longer than ten minutes at a time		
20	is not beginning to use pretend play (cooking, going to work, talking on the phone, cleaning)		
21	does not transition easily from one activity to another		
22	does not play with toys as intended		
23	dislikes changes in routine		
24	is very active; may be hyperactive		
25	cannot play independently		
26	avoids messy activities such as play-dough and finger-paints		
27	is overly alert or disturbed by minor noise and/or movement		
28	does not have opportunities to play with other children outside of the family		
29	prefers to play alone		
30	does not play well with others		
31	has fears		
32	is shy or timid		
33	has difficulty taking turns and sharing		

	My child:	YES	NO
34	is stubborn		
35	demands constant attention		
36	is impulsive		
37	is not able to calm himself/herself down when upset		
38	is overly friendly with strangers		
39	has trouble separating when I leave		
40	is not accepted by his/her friends		
41	is overly dependent and clingy		

Now describe your child briefly:

If your child has any special problems or disabilities, what are they?

Please tell us any questions or concerns you have about your child:

How are you doing, as a parent or otherwise, at this time?

Signature of Person Completing Packet

Date

THIS INFORMATION MAY BE SHARED WITH COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT

Colorado Springs School District 11 Family Economic Data Survey

Complete one survey per household. Please use a pen (not a pencil).

STEP 1 List all student's attending Colorado Springs School District 11 (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name		MI	Student's Last Name		No Income	Birth Date			Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
						M	M	D	Y					

Check all that apply.
 Read Federal Economic Data Survey Applications Instructions for more information.

STEP 2 If household members (including you) currently participate in one of the following assistance programs: SNAP, TANF, or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works - Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). Provide case number and skip to Step 4.

STEP 3 Report income for ALL household members (Skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

B. All Other Household Members (including yourself)

List all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of Other Household Members (First and Last)	Earnings from Work	Public Assistance/Child Support/Alimony	Pensions/Retirement/All Other Income	How Often?			Total Household Members (Students' and Adults)
				Weekly	Bi-Weekly	2x Month	
	\$	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 4 Contact information and adult signature.

"I certify (promise) that all information on this survey is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Education Program funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose access to waivers of fees and the district/school may lose funding, and I may be prosecuted under applicable State and Federal laws."

Mailing Address or PO Box _____ Apt. # or Lot # _____ City _____ Zip Code _____ Email Address _____

STEP 5 Release of Information

The information provided on this survey will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students qualify, this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. Your information **WILL** be shared unless you check one of the boxes below.

Do NOT share my information with any programs
 Do not share my information with the programs I have checked:
 Medicaid/SCHIP

Printed First and Last Name of Signer _____ Today's Date _____

Family Economic Data Survey Instructions

If you, or someone in your household receives SNAP (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

STEP 1: List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

STEP 2: List a case number if you or someone in your household participates in SNAP, TANF or FDPIR

STEP 3: Skip.

STEP 4: Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the survey.

If you are applying for a Foster Child, a student that qualifies for your districts Head Start program or is a Runaway, Homeless or Migrant student, follow the instructions listed below:

STEP 1: List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip.

STEP 3: Skip.

STEP 4: Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the survey.

If you are applying based on income eligibility or you are applying based on income and other source categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

STEP 1: List all students first and last names; Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box if the student is a Foster Child, Head Start, Runaway, Homeless or Migrant.

STEP 2: Skip this part.

STEP 3:

- A. **Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students' listed in Step 1 in your household in the box marked "Student Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to "Sources of Income for Students at the bottom of this page.
- B. **All Other Household Members (including yourself):** Print the name of each household member in the boxes marked "Names of Other Household Members." Do not include people who live with you but are not supported by your household's income and do not contribute income to your household. Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

Report Gross Income (total income before taxes and deductions) for each Household Member:

- **Earnings from work:** example: See "Earnings from Work" below. If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. If you do not normally receive over-time pay, do not include in your reported income.
- **Income from Public Assistance/Child Support/Alimony:** See "Public Assistance/Child Support/Alimony" below. List the total amount each person received from any public assistance programs (do not include income from SNAP, TANF or FDPIR), child support or alimony. For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.
- **Pensions/Retirement/All Other Income:** See "Pensions/Retirement/All Other Income" below. Report net income for self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Report total household members. The total must equal all names listed on the survey.

STEP 4: Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

STEP 5: If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children's Racial and Ethnic Survey on the back of the survey.

PEDS RESPONSE FORM

Provider

Child's Name _____ Parent's Name _____

Child's Birthday _____ Child's Age _____ Today's Date _____

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.

