



Early Learning Scholarship Application/Approval Process

Application Process

1. Provider completes Agreement
 - a. Attach all necessary documentation required
2. Family completes Application
 - a. Attach all necessary documentation required
3. Submit Provider Agreement, Family Application, and required documentation to assistant@bcchp.org.

Visit bcchp.org/early-childhood-collaborative to download a required documentation checklist, Provider Agreement, Family Application and to view FAQs. **If you have questions at any point during the application process, please contact Buffalo County Community Partners at assistant@bcchp.org or (308) 865-2284.**

Processing Procedure

- All incomplete, unsigned paperwork will be held or returned to applicant.
- All scholarships are reviewed on an individual basis. At their discretion, the committee may use outside factors to determine awards.
- Scholarship Applications should allow three to four weeks for processing.
- Application period runs July 1, 2024-June 30, 2025.
- **All applications must be submitted by 5:00 PM on Friday, June 6, 2025.**



Early Learning Scholarship Childcare Provider Agreement

The goal of the Early Learning Scholarship is to increase access to high-quality care for children in low and moderate-earning families in Nebraska. Funding is being made available to providers engaged in the delivery of quality early learning environments and experiences for young children. Participating childcare providers provide ongoing learning, continuous quality improvement, and support their early childhood professional workforce through improvements in wages and benefits.

The Early Learning Scholarship is intended to support working families in meeting the high cost of quality care for children in full-day/full-year settings or attending wrap-around care blended with a public-school program.

Eligibility for Childcare Center and Family Childcare Homes:

Childcare providers interested in participating in the Early Learning Scholarship opportunity must meet the following qualifications:

- Licensed and in good standing
- Offer full-time, year-round services, or wrap-around care blended with a public-school program
- Programs must have a contract (or be willing to obtain a contract) with the Nebraska Department of Health and Human Services to provide care for families on childcare subsidy and must be serving at least one child (or be willing to serve children) on subsidy
- Implementing or planning to implement a social-emotional curriculum such as the Pyramid Model, Second Steps, etc.
- Providing Infant/Toddler Care
- Programs must have (or will agree to put) a process into place to ensure that potentially eligible families have applied or have been denied state-subsidized dollars before a scholarship is awarded
- Agree to provide and maintain systems for detailed records of tuition assistance provided to eligible families, including attendance records
- Agree to provide the required data for a collective evaluation
- Agree to keep completed family applications for the scholarship program current and on file
- Agree to submit monthly reimbursement forms to Buffalo County Community Partners' Program Manager
- Regular communication with Buffalo County Community Partners' Program Manager

Provider Name/Business Name: _____

Director/Primary Contact: _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Phone Number: _____

Provider Information

Mark One:	Mark One:
_____ Licensed Child Care Center	_____ Nonprofit _____ For profit
_____ Licensed Family Home I	_____ Nonprofit _____ For profit
_____ Licensed Family Home II	_____ Nonprofit _____ For profit

Step Up to Quality Rating (mark one):

- _____ Not Enrolled in Step Up to Quality
_____ Step 1
_____ Step 2
_____ Step 3
_____ Step 4
_____ Step 5

Does your program offer non-traditional hours (evening/overnight/weekend)?

- _____ Yes
_____ No

Number of children enrolled by age group:				
	Infant	Toddler	Preschool	School Age
Full-time				
Part-time				

Years of service:

Total program enrollment:

Number of currently enrolled low-income children served (under 200% Federal Poverty Level) (not including subsidy):

Number of currently enrolled children receiving state childcare subsidy:

Number of children currently receiving privately funded tuition assistance:

Number anticipated to receive Tuition Assistance/Early Learning Scholarship:

If not currently enrolled in Step Up to Quality, do you have a plan to enroll in the near future?

How will you provide information and outreach to attract low to moderate income working families?

What are your plans to continue to increase quality in your program?

Provider agrees to provide, as requested, aggregated data and information regarding:

- Numbers of low-income children served full-time (break out by ages served)
 - Retention of children in the program
 - Exit information on reason for leaving program
 - Annual parent satisfaction survey
- Race and ethnicity of children served
- Funding allocated per eligible child
- Kindergarten readiness/individual children's development and growth.
- Level of quality as measured by Step Up to Quality
- Teacher pay and benefits
- Teacher education and training levels
- Teacher retention
 - Exit information
 - Satisfaction survey annually

Provider Commitment:

I/We agree to promote the Early Learning Scholarship to our stakeholders and agree that any funding from the Early Learning Scholarship will only be used for low-income children served by our program on a full-time basis. I/We agree to continue improving the quality of our program per the Step Up to Quality standards. I understand that by submitting this agreement that I agree to allow information contained within this document to be shared for purposes of data collection, evaluation, and measuring outcomes. I understand that the information contained will be confidential, secured, protected, and not sold to any third party for any purpose.

Director/Owner

Date



Early Learning Scholarship Family Application

Date: _____

Parent(s)/Guardian(s) Name(s): _____

Address _____ City _____ State _____ Zip Code: _____

Phone: _____ Email: _____

of adults in your household _____ # of children in your household _____

Will your child/children be cared for during nontraditional hours (evening/overnight/weekend)? _____

Child(ren)'s Name (only those attending child care)	Birthdate	Gender	Weekly Rate	Full Time / Part Time (Check)	Race (Check)	Ethnicity (Check)	Primary Language Spoken at Home	Does the child have special needs?*
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Y <input type="checkbox"/> N

*If you indicated one child (or more) has special needs, please describe: _____

If you have a subsidy letter, please include a copy with your paperwork

Reason for not qualifying for State Subsidy: ☐ Over income ☐ Graduate school ☐ Other (please explain below)
☐ Have not applied

Monthly gross income (before taxes) from employment: Adult #1 \$ _____ Adult #2 \$ _____

How often are you paid? Adult #1 _____ Adult #2 _____

Please attach last three paycheck stubs of each adult living in the household. These must be provided to process this application.

Please indicate additional source(s) of income by filling in the amount received per month:

State Assistance \$ _____ ☐ ADC ☐ Unemployment ☐ Other (please specify) _____

Child Support \$ _____ Alimony \$ _____ Food Stamps \$ _____ Housing Assistance \$ _____

Other (Private) \$ _____

Have you received Aid to Dependent Children (ADC) assistance within the last six months? ☐ Yes ☐ No

Additional information you would like to share to help us determine your tuition assistance: _____

The information I have provided above is accurate to the best of my knowledge. Any discrepancies will affect the tuition assistance I may or may not receive. I also understand that it is my obligation to inform the program of any and all income changes. I understand that by submitting this application that I agree to allow information contained within this document to be shared for purposes of data collection, evaluation, and measuring outcomes. I understand that the information contained will be confidential, secured, protected, and not sold to any third party for any purpose.

Signature: _____

Date: _____



Early Learning Scholarship Checklist

The Early Learning Scholarship is intended to support working families in meeting the high cost of quality care for children in full day/full year settings or attending wrap around care blended with a public-school program.

Providers, please use the following checklist to assure that you have filled out and signed the proper documents, along with submitting all supporting documents needed.

- ____ Early Learning Scholarship Family Application
 - ____ Signed and dated by Parent
- ____ Copy of childcare subsidy determination letter, **if available**
 - ____ Signed and dated by Parent
- ____ Last three paycheck stubs of each adult living in the household
- ____ Childcare Provider Agreement
 - ____ Signed and dated by the Director/Owner
- ____ Daily Enrollment Sheet for each Child applying
- ____ Copy of Provider's rates
- ____ An invoice for the enrollment fee (only if bill is past due)
 - ____ Must show dates being billed
 - ____ Child name
 - ____ Amount owed

We encourage you to reach out if you have any questions.

Please contact us at assistant@bcchp.org or at (308) 865-2284.



Early Learning Scholarship Provider FAQs

How can childcare facilities use funding?

The Early Learning Scholarship will make funds available on a reimbursement basis to pre-qualified early childhood providers who are committed to accepting low-income families. Funding will be available to providers for tuition assistance for families who cannot afford some or all the tuition. The funding will be used to provide tuition assistance so more of Nebraska's infants, toddlers, and school-agers facing the greatest odds may attend quality early childhood programs.

Providers will determine how many additional infants, toddlers, and school-agers from low-income families they will serve and what tuition assistance is needed for these children. Communities will request funding in an application to Nebraska Children and Families Foundation. Providers will work with their community coordinator to supply information for the community scholarship and request reimbursement funds.

Funding will be made on a reimbursement system based on the number of children the provider serves through the scholarship program. Any modifications to the award or number of children served need to be submitted to the designated community coordinator in writing for approval.

What is the Federal Poverty Level?

The 2024 [Federal poverty level](#) (FPL) is a measure of income issued by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits.

The current FPL for a family of four is \$31,200/year. This is also considered 100% of the federal poverty level. Tuition assistance from the Early Learning Scholarship is available to eligible providers to help families who earn up to 200% of the FPL (for a family of 4 that is \$62,400/year).

If my childcare facility has multiple locations, can I complete one application for all of them?

Providers must complete an Early Learning Scholarship application for each location/facility that is providing childcare and meets the Early Learning Scholarship eligibility requirements. These applications will be submitted to the designated community coordinator.