



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, 2026 - June 30, 2027.
- **All applications must be submitted by 5:00 PM on Friday, June 15, 2027.**



Early Learning Scholarship Family Application

PLEASE COMPLETE *ENTIRE* FORM

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?*
				☐ FT ☐ PT	☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander	☐ Hispanic or Latino ☐ Not Hispanic or Latino		☐ Y ☐ N
				☐ FT ☐ PT	☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander	☐ Hispanic or Latino ☐ Not Hispanic or Latino		☐ Y ☐ N
				☐ FT ☐ PT	☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander	☐ Hispanic or Latino ☐ Not Hispanic or Latino		☐ Y ☐ N
				☐ FT ☐ PT	☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander	☐ Hispanic or Latino ☐ Not Hispanic or Latino		☐ Y ☐ 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)
(Please Check a Box) ☐ 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

Do you have an outstanding balance? ☐ Yes ☐ No

If yes please explain why? _____

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.

FOR OFFICE USE ONLY

- ____ Number of children **enrolled** at childcare center
- ____ Family award amount (cannot exceed family cap during grant cycle)
- ____ Family referred to coaching services



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 2026 [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 \$33,000/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 \$66,000/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.