

ASPIRE PreK Qualification Application

Please complete this application completely, indicating with an "X" when marking a choice



Child's Full Legal Last Name: _____

Child's Full Legal First Name: _____

Child's Full Legal Middle Name (If any): _____

Child's Generational Indicator (Jr., II, III, IV, etc.): _____

Child's Date of Birth: _____

Child's Age (3, 4, or 5): _____

Child's Gender: Male: _____ Female: _____ X-binary: _____

Child's Race: Hispanic/Latino: _____ American Indian/Alaska Native: _____

Asian: _____ Black/African American: _____ White: _____

Native Hawaiian/Pacific Islander: _____ Two or more races: _____

Is a language other than English spoken at home? Y N

Is the child receiving:

Individualized Education Plan (IEP) services? Y N

Individualized Family Service Plan (IFSP) services? Y N

Is the child from a Migrant Family? Y N

Is the child Homeless? Y N

Is the child served in the Child Welfare System? Y N

Is the child from a Military Family? Y N

Annual Household Income: At or Below 185% of Federal Poverty Level: _____

(Use the chart below) Between 186% - 300% of Federal Poverty Level: _____

Above 300% of Federal Poverty Level: _____

Total number of children and adults in the household Yearly income

Household /Family Size	185%	200%	225%	250%	275%	300%
1	\$26,973	\$29,160	\$32,805	\$36,450	\$40,095	\$43,740
2	\$36,482	\$39,440	\$44,370	\$49,300	\$54,230	\$59,160
3	\$45,991	\$49,720	\$55,935	\$62,150	\$68,365	\$74,580
4	\$55,500	\$60,000	\$67,500	\$75,000	\$82,500	\$90,000
5	\$65,009	\$70,280	\$79,065	\$87,850	\$96,635	\$105,420
6	\$74,518	\$80,560	\$90,630	\$100,700	\$110,770	\$120,840
7	\$84,027	\$90,840	\$102,195	\$113,550	\$124,905	\$136,260
8	\$93,536	\$101,120	\$113,760	\$126,400	\$139,040	\$151,680
9	\$103,045	\$111,400	\$125,325	\$139,250	\$153,175	\$167,100
10	\$112,554	\$121,680	\$136,890	\$152,100	\$167,310	\$182,520

Documentation needed:

English Language Learner: Signed Home Language Survey

IEP/IFSP: Copy of official IEP/IFSP

Income: Copy of previous year tax return OR scan of SNAP benefit letter/card OR Copy of MSDE scholarship paperwork OR one month of consecutive pay stubs

I hereby affirm that, to the best of my knowledge, all the documents provided are true and accurate. I have provided them honestly and in good faith. I take responsibility for their truthfulness and authenticity.

Signature of Legal Parent/Guardian: _____