



Northwest Early Childhood Iowa (NECI) PRESCHOOL TUITION PROGRAM

Tuition assistance for families who:

- Live in Cherokee, Lyon, Plymouth and Sioux Counties
 - · Are within the income guidelines
 - · Child attends one of the approved preschools
- Child is not approved to attend the Head Start or CDC program.

Approved Pre	schools	
Cherokee Co	ounty	
Aurelia Preschool	Aurelia	712-434-5595
Begindergarten Preschool	Marcus	712-376-2615
ECLC	Cherokee	712-225-6767
River Valley Preschool	Washta	712-447-6318
Lyon Cou	nty	
Learning Center Preschool	Doon	712-449-5109
Plymouth Co	ounty	
Akron Children's Center	Akron	712-568-2990
A To Z Learning Tree Preschool	Kingsley	712-378-3112
Guardian Angel Preschool	LeMars	712-546-8732
Gehlen Catholic Preschool	LeMars	712-546-4181
Little Hawks Preschool	Hinton	712-947-4327
Little Royals Preschool	Remsen	712-786-1101
St Mary's Little Hawks Preschool	Remsen	712-786-1160
Sioux Cou	nty	
Covenant Kids Preschool	Orange City	712-737-2274
Apple Tree Early Childhood Center	Sioux Center	712-722-8273
Kiddieland Preschool	Hawarden	712-551-1949
Orange City Daycare & Preschool	Orange City	712-737-3889
Friendly Falcons	Ireton	712-278-2374

2025-2026 Income Guidelines	
Family Size	Gross Annual Income at or Below
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300

Contact the preschool of choice from the approved preschools chart.

Preschools have the Tuition Assistance Forms. Please complete the form and include income verifications. Return these items to the preschool so they can be submitted for review.

NECI/Mid-Sioux Opportunity will notify parents of status.

If approved, preschools will bill NECI/Mid-Sioux Opportunity for monthly tuition costs (up to \$200).

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Income Guidelines

Preschool Scholarships follow the poverty

certain federal programs. Use the chart below to identify if you might be eligibility for a Preschool and Human Services to determine eligibility. The Scholarship. Income based off of Gross Income. for instance, determining financial eligibility for guidelines issued by the Department of Health thresholds for use for administrative purposes guidelines are a simplification of the poverty

	Health &	Human Services	Eligibility Guideline	es 2025
Size of Family	100% (HS)	125%	160% (CCA)	200%
2	\$21,150.	\$26,437.50	\$35,040.	\$42,300.
3	\$26,650.	\$33,312.50	\$44,200.	\$53,300.
4	\$32,150.	\$40,187.50	\$53,360	\$64,300.
5	\$37,650.	\$47,062.50	\$62,520.	\$75,300.
6	\$43,150.	\$53,937.50	71,680.	\$86,300.
7	\$48,650.	\$60,812.50	\$80,840.	\$97,300.
8	\$54,150.	\$67,687.50	\$90,000.	\$108,300.
For each additional add	\$5,500.	\$6,875.	\$9,160.	\$11,000.

Source: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

last resort.	other state/federal programs and is a funder of	* Early Childhood lowa funds cannot supplant
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Northwest Early Childhood Iowa

2025-2026

NECI Preschool Scholarship Plymouth & Sioux Counties Cherokee, Lyon



Application Process

Applications are approved by the Mid-Sioux office. Parents complete the application questions.

Child must turn 3 or 4 years of age prior to September 15, 2025.

Incomplete applications may delay your funding start date.

Approved applications will be reimbursed starting in September (or month received after September) and ending in May.

email or mail) and the preschool identified on the Approval notice will be sent to the parent (by scholarship application.

in May. If the scholarship does not cover the cost Reimbursements will start in September and end of tuition the parents will be responsible for any Payment of preschool scholarships will be made directly to the preschool the child attends. remaining amount due.

Mid-Sioux Opportunity ssmith@midsioux.org Contact Information 418 S Marion St 712-786-3422





Start the NECI Application Here



checking all that apply:	Please complete the following,	Assistance (CCA) Information.	Financial Aid and Child Care

☐ Preschool is funded through the Dept of Ed (if yes, move to last question) ☐ I already have CCA for my child ☐ I am eligible for CCA and need to apply. ☐ I am waiting to hear about CCA from HHS. ☐ My CCA application was denied - you are asked to provide reason and proof. ☐ I verify I have looked into all options to assist in paying for preschool and I am not eligible for any other funding source for preschool support. Continue onto page 2 of the application.
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Scholarships are dependent upon funding allocated to the NECI Mid-Sioux Opportunity. program and

	NECI Preschool Scholarship Application 2025-2026 School Year	
Preschool of Choice:	Location:	
Hours of Preschool Day:	y: Days Attending Preschool	
	Start the application by completing the Financial Aid and Child Care Assistance (CCA) portion of the application, on the previous page. All families may be asked to complete a CCA application, as a part of the application process.	
	CHILD INFORAMTION ~ Please complete both Ethnicity and Race of Child information.	
Name of Child Attending	Name of Child Attending Preschool: First and last: Date of Birth: Ethnicity of child: Hispanic Not Hispani	lispani
Race of Child, must choose one	□ Native America or Alaskan Native □ Native Hawaiian/Pacific Islander □ African American □ Multi-racial □ White □	Asian
	PARENT & HOUSEHOLD INFORMATION ~ Please print clearly.	
Name of Parent: First and last:	nd last: County of Residence: ⊠	
Name of Parent: First and last:	nd last: Email Address:	
Mailing Address:	City State IA Zip Code:	
Marital Status of He	Marital Status of Head of Household: Education Level of Head of Household: Select highest level completed Household Size:	Size:
Divorced \square	ted 🗆 Widowed 🗀 Trade/Vocational Training 🗀 2 Yr. College Degree 🗀 4 Yr. College Degree 🗀 Master's Degree or	
IOUSEHOLD INCOME 'me. Please send copies, y	HOUSEHOLD INCOME VERIFICATION: Eligibility is based on your income. Please supply a copy of one of the following: Page 1 and 2 of your tax return, or copies of paystubs for one months' ime. Please send copies, your documents will not be returned and please cover up social security numbers.	ıths'
Name of person/s with income:	come:Employer name:(Please circle) Paid: Weekly - Twice a month - Every 2 Weeks - Monthly come:	Month!
Parent Agreement t preschool support throug Child Care Assistance, F	Parent Agreement to Participate & Release of Information I, (name) Parent Agreement: I agree to participate as a recipient of low-income preschool support through the NECI scholarship program and assure that I will comply with the provisions identified on this application. Child is not eligible for other funding including State Child Care Assistance, Head Start, other tuition support, my family's income is under 200% of the federal poverty level. I will notify the NECI/Mid-Sioux Opportunity (MSO) office of any	me g State f any
change in my income. Release of Information: I auth is at or below 100% of the feder developmental level. I understan organization to verify that we qu Signature of parent/guardian	change in my income. Release of Information: I authorize NECI/MSO and/or its agents or designees from the following agencies: preschool program in which the applicant enrolls and/or Head Start if my income Release of Information: I authorize NECI/MSO and/or its agents or designees from the following agencies: preschool program in which the applicant enrolls and/or Head Start if my income Release of Information: I authorize NECI/MSO and/or its agents or designees from the following agencies: preschool program in which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and/or Head Start if my income Release of Information which the applicant enrolls and Information which the applicant enrolls and Information which the applicant enrolls and Information enrolls and Inform	ncomond d
P Mi	Parents are responsible for partial payments to the preschool. Return Applications either to your Preschool or send them to: Mid-Sioux Opportunity; 418 S Marian St, Remsen IA 51050 and/or email: ssmith@midsioux.org Phone contract: 712-786-3422	
	FOR OFFCIE USE:	
Date Received Stude	Student Qualifies □ < 100%	Over
	I NICTORY.	