

Educator ERN:

21021



# ASPIRE PreK Qualification Application

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

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Generational (Jr., II, etc.): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ (Provide copy of birth cert., passport, or hospital cert. of live birth)

Family Home Address: \_\_\_\_\_  
Street Address City County Zip

Child's Age (3, 4, or 5): \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_ X-binary: \_\_\_\_\_

Child's Race:  Hispanic/Latino:  American Indian/Alaska Native:  Asian:  White:  
 Black/African American:  Native Hawaiian/Pacific Islander:  Two or more races:

## FY 26/27 PreK Eligibility

For the 26/27 school year, INCOME is the primary way to qualify for PreK.

Children experiencing homelessness or in foster care also qualify as Tier I regardless of income. IEP/IFSP and ELL/MLL status are no longer qualifiers for PreK eligibility.

Per the Budget Reconciliation and Financing Act of 2026 (SB 284), Md. Code Ann., Educ. Art. § 7-1A-01.

Is the child Homeless?  Y  N

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

Total Children and Adults in Household: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

**Tier I:** 3- & 4-year-olds with income at or below 300% FPL, OR homeless, OR in foster care. No cost to family. Foster care eligibility based on the child's income from the State/Agency, not the foster parent's income.

**Tier II:** 4-year-olds only with income above 300% but not more than 450% FPL. Sliding scale co-pay applies.

Household Size	300% FPL (Tier I Max)	450% FPL (Tier II Max)
1	\$47,880	\$71,820
2	\$64,920	\$97,380
3	\$81,960	\$122,940
4	\$99,000	\$148,500
5	\$116,040	\$174,060
6	\$133,080	\$199,620

## Demographic Information *(Informational only — not used to determine eligibility)*

Is English the primary language spoken at home?  Y  N

If No, primary language: \_\_\_\_\_

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 from a Military Family?  Y  N

## DOCUMENTATION NEEDED

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**ALL APPLICANTS must provide:**

1. Copy of previous year's tax return OR one month of consecutive pay stubs
- 2. COPY OF BIRTH CERTIFICATE, PASSPORT, OR CERT. OF LIVE BIRTH**

*If the family is currently not earning income, or is homeless, please reach out to admin for assistance:*

[Jody.lamberti@fccamd.org](mailto:Jody.lamberti@fccamd.org)

[Angela.mancinas@fccamd.org](mailto:Angela.mancinas@fccamd.org)

## Attestation

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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:** \_\_\_\_\_

**Date:** \_\_\_\_\_