

UPK Scholarship Worksheet (Updated February 19, 2026)



This form can be used by UPK Families and Sites to summarize information that will be needed to document eligibility for a UPK scholarship based on family annual total income and residency in Cuyahoga County. This worksheet is a predetermination of eligibility only. Final approval will be provided after all required information and document(s) used to verify family income and residency are entered in the UPK Scholarship Module in Child Plus. Families will be notified of approval status via e-mail.

UPK Provider Name: **Berea City Schools**

Date: _____

UPK Student Name:

Child's Care Arrangement: (Check if either apply)

Parent/Guardian Name:

☐ Foster Care

☐ Kinship Care

Parent/Guardian E-mail:

Family Size and Income:

Family Size: _____ Annual Total Family Income: \$

Eligibility Based on 2026 Federal Poverty Guideline -- Annual Total Income

50% Scholarship	
Household Members	Annual Total Family Income
2	\$86,560 or less
3	\$109,280 or less
4	\$132,000 or less
5	\$154,720 or less
6	\$177,440 or less
7	\$200,160 or less
8	\$222,880 or less
9	\$245,600 or less
10	\$268,320 or less

Calculate a family's Annual Total Income using the attached documentation **OR** use Line 9 from IRS 1040 Tax Return. Note: Annual Total Income and family size must be entered into ChildPlus.

Documentation to Verify Annual Total Family Income and Residency:

Proof of Income: (Check all that apply and attach)

- ☐ Two most recent check stubs (Required if Employed)
- ☐ Prior year's tax return
- ☐ Unearned income statement (e.g. SSD, Child Support)
- ☐ Statement/Documentation of Self-Employment
- ☐ Childcare Subsidy Authorization Letter
- ☐ Zero Income Statement

Proof of Residency: (Check all that apply and attach)

- ☐ Most recent check stub with home address
- ☐ Prior year's tax return
- ☐ Current form of identification with address
- ☐ Current utility bill
- ☐ Childcare Subsidy Authorization Letter

Parent/Guardian Signature:

I attest that all income and residency information is true and accurate, and I will inform the provider of any changes. Furthermore, I agree that, if I sign this electronically, it will constitute an e-signature and I consent that my e-signature shall be given the same legal force, validity, and effect as my handwritten or manual signature.

Parent/Guardian Signature (Type or Sign)

Print Parent/Guardian Name

THE FOLLOWING INSTRUCTIONS ARE FOR UPK SCHOOL STAFF ONLY: Information on this form and all document(s) used to verify family income and residency **MUST** be entered and/or uploaded into the UPK Scholarship Module in ChildPlus for final approval. Parent/Guardian signature on this worksheet can be uploaded in lieu of an electronic signature in the UPK Scholarship Module in ChildPlus. A Parent/Guardian signature is required. Please forward all questions to UPKScholarships@jfs.ohio.gov.



Universal Pre-Kindergarten Child+ Application



Parent / Caregiver: Please complete the Child and Primary Caregiver sections of this form in full. Information for a Secondary Caregiver (if applicable) is helpful but is optional. If filling out this form on a computer, be sure that when you are finished, you save the form using a new file name. To do this, use "Save As" and rename the file.

CHILD'S INFORMATION

Application Date:

Child's Name: First Middle Last

Birth Date: Gender: Language

Race Hispanic/Latino: Yes ☐ No ☐

Disability (Describe if applicable)

Any Plan Applicable

PRIMARY CAREGIVER INFORMATION:

First Name: Middle Initial: Last:

Birth Date: Gender: Language:

Race: Hispanic: Yes ☐ No ☐ Relationship to Child:

Parental Status: 1 Parent Family ☐ 2 Parent Family ☐ Homeless Family: Yes ☐ No ☐

Number in Family: Number in Household: Family Income: *Annually
Required for Families receiving scholarship(s)*

Education Highest Level: Employment Status:

Address:

City: State: Zip Code:

Home Phone Number: Cell Phone Number:

Email Address:

SECONDARY CAREGIVER INFORMATION:

If applicable, please complete this section with information about a Secondary Caregiver. While it is helpful to us, providing this information is optional.

First Name:		First Initial:		Last Name:	
Birth Date:		Gender:		Language:	
Race:		Hispanic/Latino:	Yes ☐ No ☐	Relationship to Child:	
Education Highest Level:		Employment status:			
Address:					
City:		State:		Zip Code:	
Home Phone Number:		Cell Phone Number:			
Email Address:					