

Children's Cooperative Playschool Scholarship Application

This Tuition Assistance/Scholarship Application is completely confidential and will be shared only with the Members of the Board of Directors of the Children's Cooperative Playschool for the sole purpose of determining tuition assistance or scholarship awards.

Child's name: _____ Age: ____ Gender: _____

Number of days per week you are applying for your child to attend Playschool: _____

Parent 1's name: _____ Phone: _____

Address: _____

Parent 2's name: _____ Phone: _____

Address: _____

Names and ages of other children in your

Family: _____

Parent 1's occupation: _____ Hours worked per week: _____

Employer: _____ Length of employment: _____

Parent 2's occupation: _____ Hours worked per week: _____

Employer: _____ Length of employment: _____

***Annual Family Income: \$ _____ (we will need a copy of your most recent tax return to determine eligibility)

Please list any other sources and amounts of income. For example: grants, social security benefits, alimony, child support, etc.: _____

Please explain any special circumstances that increase your need for tuition aid (use back if you need more room):

***Please suggest a monthly amount you think your family can pay:

If we are unable to offer you tuition assistance, would you still be able to send your child to the Playschool? _____

Signed: _____ Date: _____

***This information must be completed before we can review your scholarship application