



Christian Cooperative Preschool
326 E North Street
Appleton, WI 54911
(920) 733-3760

Scholarship Application

- 1. Application must be filled out in its entirety. Registration Fee must be paid before the Scholarship Application will be considered. Incomplete applications will not be considered.**
- All personal information is kept completely confidential. Scholarship eligibility is assessed based on the household income of the custodial parent or guardian plus other income. In the event of joint custody, each parent is asked to complete an application.
- Our policy for eligibility is two-fold, the first is need and the second is availability of funds. Need is defined by income plus household size. We currently use the Wisconsin Department of Public Instruction's guidelines for free or reduced hot lunch to define eligibility. This being stated we must have funds available in order to provide scholarships. Thus, if you qualify and there is money available, you will receive a scholarship. The amount depends on availability of funds.

I certify that the information provided below is complete and accurate to the best of my knowledge. I understand that monetary availability and the total number of applications determine the amount for scholarships. I am willing to include a copy of my most current year's income tax return in my application. I will be able to fulfill the requirements of the preschool; i.e. work in the classroom, provide healthy snacks on designated days, go on at least two field trips with the class, participate in fundraisers, and assist in cleaning the preschool once a year.

Signature: _____ **Date:** _____

Name(s) of child(ren) attending Christian Cooperative Preschool:

PARENT

Name _____ Employer _____

Address _____ Position _____

_____ Phone _____

PARENT

Name _____ Employer _____

Address _____ Position _____

_____ Phone _____

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MONTHLY INCOME FROM SALARY: \$ _____ **TOTAL NUMBER IN HOUSEHOLD:** _____

OTHER INCOME:

Please remember to include Social Security, Child Support, Alimony, Fellowships/Grants, Food Stamps, WIC, etc. Use additional sheets, if you wish to itemize.

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

TOTAL MONTHLY INCOME: (Salary plus other income) \$ _____

MONTHLY EXPENSES:

Please remember to include house payment/rent, food costs, utilities, telephone costs, medical expenses, credit card payments, student loan payments, etc. Use additional sheets, if necessary.

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

TOTAL MONTHLY EXPENSES: \$ _____

Do you qualify for government financial assistance? YES NO

If yes, please explain _____

TOTAL AMOUNT YOU ARE ABLE TO CONTRIBUTE TO CCPS TUITION: \$ _____

Any additional information, which may help the committee distribute scholarship funds as fairly as possible, is appreciated. For example, are there unexpected expenses due to illness, loss of income, or other hardships? Use additional sheets if needed.

Please attach a copy of your most current year's income tax return information.

FOR BOARD USE ONLY: Full Tuition Amount: \$ _____ Scholarship Amount Granted: _____

Session: YR _____ MWF TTh Reviewed by: _____ Date Family Notified _____