

Date Received _____

SCHOLARSHIP REQUEST FORM

Jack and Jill Cooperative Preschool

Date Submitted _____

Parent(s)/guardian(s) requesting assistance _____

Address _____ Zip _____

Phone _____ (home) _____ (work) _____ (cell)

Name of Dependents	Relationship	Age	Monthly Preschool Tuition/Other Expenses
1.			
2.			
3.			
4.			

GROSS INCOME (before taxes)

*Average Monthly Income \$ _____

Annual Income \$ _____ (last 12 mo.s)

Work Address _____
Phone _____

Work Address _____
Phone _____

Other Income source(s) _____

MONTHLY EXPENSES

Rent/Mortgage _____

Food _____

Transportation _____

Utilities _____

Insurance _____

Loans/Credit _____

Other: _____

TOTAL _____

*Please attach a letter of support clarifying your financial situation (including an amount your family can reasonably afford to pay per month)

I have completed the entire application and have read the scholarship guidelines. I agree that all information provided is accurate. I also agree to fulfill all of my preschool responsibilities.

Signature of Parent/Guardian: _____ Date: _____

Amount of Scholarship requested: \$ _____ (monthly) Beginning on: _____

Signatures of the co-op Preschool Scholarship Review Committee:

President _____ Treasurer _____

Teacher _____