



Chelsea Children's
Cooperative Preschool
400 Congdon St.
Chelsea, MI 48118
(734) 433-1938

Scholarship Application

Name of Applicant (s) _____

Name of child(ren) needing scholarship _____ DOB ___/___/___
_____ DOB ___/___/___
_____ DOB ___/___/___

Address _____

Phone _____ E-mail _____

Names of other family members and ages (if under 18) _____

Please give a brief explanation of why your family is in need of a scholarship (continue on reverse if necessary) _____

How much assistance does your family need per month? _____

Have you pursued financial assistance elsewhere (i.e. Faith In Action)? Yes ___ No ___
If yes, from where and how much, if any, financial assistance have you received? _____

I understand that the Co-op expects a significant level of commitment from its members, through attendance, job execution, participation in fundraisers, and the generous donation of time and skills. The Co-op reserves the right to withdraw scholarship funds at any time if this essential component of Co-op membership is in question.

Signed _____ Date _____
Signed _____ Date _____

Please return completed form to Jen Collins: 508 Lane St. Chelsea, MI 48118 or Young 5's Mailbox