

Chelsea Children's Cooperative Preschool Confidential Scholarship Application

To be considered for a scholarship, please complete the following qu	estions:			
Date:				
Parents Names:			_	
Number of adults in household: Number of children in household:				
Name(s) of child(ren) currently enrolled in the Co-op Date of E	Birth	Preschool Clas	s	
			_	
			_	
			_	
STATEMENT OF INCOME & EXPE	ENSES			
I. ANNUAL HOUSEHOLD INCOME - Please attach the two mos recent pay stubs for all working parents in the household.	\$	/yr		
II. OTHER ANNUAL INCOME – Please indicate non-wage income child support, etc.).	\$	/yr		
III. EXTRAORDINARY EXPENSES - Include extraordinary exp		\$	/mo	
in the household (regardless if they apply to the student or to another member of the household) such as therapies, tutoring, school tuition required expense not considered routine or typical	•			
Please describe				

Scholarship Amount requested: \$_____

Anything else you would like to share with the scholarship committee:				
I certify the above statements are true.				
Signature:	Date:			

The scholarship committee will use the current year Federal Poverty Level Guidelines when reviewing applications. Families whose income exceeds the federal guidelines by more than 300% will not be considered for scholarship unless there are extenuating circumstances.

Gross Yearly Income			
	Federal Poverty Level	Gross Annual Income Limit for	
Family Size	(100%)	Scholarship Consideration (300%)	
1	\$11,770	\$35,310	
2	\$15,930	\$47,790	
3	\$20,090	\$60,270	
4	\$24,250	\$72,750	
5	28, 410	\$85,230	
6	\$32,570	\$97,710	
7	\$36,730	\$110,190	
8	\$40, 890	\$122,670	
		*Updated Feb 2016	

All personal information provided for scholarship consideration (pay stubs, etc) will be returned to the applicant upon review of the application. Nothing will be copied and nothing will be shared outside the Scholarship Committee. All scholarship information will remain strictly confidential.