



**Community Cooperative Nursery School
Application For Financial Aid
2011-2012**

Child's Name: _____ **Date of Birth:** ___/___/___ **Class:** _____

You are applying for a need-based financial aid assistance program funded by generous contributions from CCNS benefactors and alumni. Any information provided will remain confidential and will be used only in evaluating your request. Additional information or verification regarding income and dependents may be requested. All awards are kept confidential. You will be notified of the status of your application via letter.

Parent Information

Parent #1	Parent #2
Name:	Name:
Address:	Address:
Email:	Email:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Business Address:	Business Address:

Child lives with: (circle one) Both Parents Parent 1 Parent 2 Guardian

Other Dependents:

Number: _____ Age(s): _____

You wish to apply for: (check one)

Full scholarship: _____ or

Tuition Reduction: _____ Please state an estimated amount you could pay per month: \$ _____

Annual Household Income:

Under \$15,000 _____ \$15,000-\$24,999 _____ \$25,000-\$45,000 _____ Over \$45,000 _____

