



COMMUNITY COOPERATIVE NATURE SCHOOL

Tuition Reduction Application

You are applying for a need-based financial assistance program made possible by generous contributions from the family of Rose Deisley. CCNS thanks the Deisley family for their continued generosity and support of our community.

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.

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

Parent Information:

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

Child lives with: Both Parents Parent 1 Parent 2 Guardian

Other Dependents:

Number: _____ Age(s): _____

You wish to apply for: (check one)

Full Tuition Reduction: ___ or Partial Tuition Reduction: ___

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

Annual Educational Expenses for minor children:

Child's Name: _____ Program: _____ Amount: _____

Child's Name: _____ Program: _____ Amount: _____

Annual Educational Expenses of Parents:

Parent Name: _____ Program: _____ Amount: _____

Parent Name: _____ Program: _____ Amount: _____

Medical Expenses:

Other Expenses you feel might be valid to this application:

Please explain why you wish to apply for tuition reduction and/or any circumstances or events you feel would help the CCNS Board in evaluation your application.

Signature : _____ **Date:** _____

Please attach this form to your application for enrollment. All scholarship applications must be accompanied with the family's latest tax return. Only complete applications will be considered for funds.

This information is confidential and for CCNS Board of Trustees use only.