C-**S**treet Cooperative **P**reschool

P.O. Box 1705
Charlottesville, Virginia 22902
434-296-6444

Scholarship Application Form
For the 2026-27 school year
Due by March 1, 2027

Please note: A typical scholarship award may only cover a portion of the tuition, leaving families responsible for the remainder. Full scholarships may be available in some cases. Scholarship information is kept confidential and scholarship families are expected to participate in school activities and meet family obligations in full, except for tuition.

Child's Name:_____ Birth date:_____

Parents' Names:_____

Address:_____

Telephone:_____(Day)_____(Evening)

Other dependent children in your household and where they will be attending school next school year:

1.Age:_____Name of school:_____

2.Age:_____Name of school:_____

3.Age:_____Name of school:_____

Number of scholarship days requested: _____

***Depending on the volume of applications, we may not be able to grant the number of days requested.**

Is your child presently enrolled in preschool? _____yes _____no

If yes, where?_____

Will your child attend another preschool or daycare in addition to C-Street Preschool? _____yes _____no. If yes, where?_____

Describe any special circumstances or hardships that would prevent you from fulfilling your co-oping duties, including assisting in the classroom for the entire school day once or twice per month and fulfilling a parent job:

Will you need any assistance with transportation to and/or from school for your child? If yes, please explain your transportation needs.

Is it a financial hardship to provide snack for 24 children and 4-6 adults once every one to two months? If yes, please note below and we may be able to provide assistance.

C-Street Preschool Co-op Scholarship Application Form
Due by March 1, 2027 for the 2027-28 school year.

CURRENT INCOME (please prorate to show monthly figures.)

EMPLOYMENT INFORMATION	Parent 1	Parent 2
OCCUPATION	_____	_____
NAME OF EMPLOYER	_____	_____
HOW LONG EMPLOYED	_____	_____
ADDRESS OF EMPLOYER	_____	_____
	_____	_____
	_____	_____

	Parent 1	Parent 2
ESTIMATE OF GROSS AVERAGE MONTHLY INCOME (Wages, salary, commissions & overtime)	_____	_____
LESS PAYROLL DEDUCTIONS		
Payroll Taxes/Social Security /Medicare	_____	_____
Insurance	_____	_____
Other - Please Specify	_____	_____
NET MONTHLY TAKE HOME PAY		
OTHER MONTHLY INCOME:		
Income from operation of business,		

profession, real property or farm (attach detailed statement)	_____	_____
Interest & Dividends	_____	_____
Alimony, maintenance or support payments	_____	_____
Social Security or other gov't assistance (Specify)	_____	_____
Disability Income	_____	_____
Unemployment income	_____	_____
Scholarship/Grant/Student Loan	_____	_____
Other monthly income (Specify) (e.g., family contributions)	_____	_____
TOTAL MONTHLY INCOME		
TOTAL COMBINED MONTHLY INCOME of Parent 1 and Parent 2		

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CURRENT EXPENSES (please prorate/estimate to show monthly figures.)

MORTGAGE		_____
RENT		_____
UTILITIES:	**Electricity**	_____
	Water & Sewer	_____
	Telephone	_____
	Other	_____
INSURANCE (not deducted from wages or reimbursed):		
	Health	_____
	Life	_____
	Auto	_____
	Homeowners / Renters	_____
	Other	_____
HOME MAINTENANCE		_____
FOOD / CLOTHING / LAUNDRY		_____
OUT-OF-POCKET MEDICAL AND DENTAL EXPENSES		_____
OUT-OF-POCKET EDUCATIONAL EXPENSES (PARENTS)		_____
TUITION / CHILD CARE FOR OTHER CHILDREN		_____
INSTALLMENT PAYMENTS:		
	Auto (list make/year/model):	
	_____	_____
	Auto (list make/year/model):	
	_____	_____
	Credit card(s)	_____
	Student loan	_____
	Alimony / support payments	_____
	Other (specify):	_____
	Other (specify):	_____
OTHER EXPENSES (specify):		_____
TOTAL MONTHLY EXPENSES		

If total monthly expenses exceed total combined monthly income, please explain.