



# Boise Cooperative Preschool Scholarship Application

Office Use Only:  
Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Number of Dependents living in home: \_\_\_\_\_

### Annual Family Income Level

- Less than \$10,000
- \$10,000-\$20,000
- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-\$50,000
- More than \$50,000

Please add any special circumstances to be considered in evaluating your scholarship application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any additional information that you think would be helpful in evaluating your scholarship request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

### Parent:

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Parent Printed Name