



### DCP SCHOLARSHIP INFORMATION:

The policy of DCP is that a portion of the preschool's earned income be placed in a scholarship fund for confidential scholarship awards. This fund is designed to assist families who might not otherwise be able to enroll in the preschool and to support families who encounter financial difficulties.

DCP uses the Denver Public Schools Free/Reduced Lunch program guidelines as a basis for objective decision making. These figures are based on a family of four and can be adjusted either direction if needed. These guidelines will be followed as closely as possible but ultimately will fluctuate with more or less assistance year to year based on budget versus need for the year.

DCP requires that all families, regardless of the scholarship status, meet the parent participation and fundraising requirements of the Co-op.

To determine scholarships, the Scholarship representative reviews each application individually. The names of all applying for and/or receiving scholarships are confidential information and are known only to the Scholarship representative and the Treasurer; and on an as-needed basis the director.

IN ORDER TO INSURE CONFIDENTIALTY, DO NOT SEND THIS APPLICATION TO THE ADMISSIONS PERSON OR TO THE SCHOOL.

**Families must complete the scholarship application and provide requested documentation by the deadline to be considered.** In most cases, submission of the application as well as a copy of the most recent federal income tax return is all that is required. Please send these materials and direct questions to the assistant treasurer:

Nina Sohn  
1428 East 4<sup>th</sup> Street  
Denver, CO 80219  
303.777.7289

**Denver Cooperative Preschool Scholarship Application**

Child #1 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Class \_\_\_\_\_

Child #2 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Class \_\_\_\_\_

**Mother's Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long? \_\_\_\_\_

**Father's Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 How Long? \_\_\_\_\_

**Family Information**

Parent's Marital Status \_\_\_\_\_

Other Children in Family

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

**Household Income**

Gross Annual Income \$ \_\_\_\_\_

**Assets**

Total checking account(s) \$ \_\_\_\_\_

Total saving account(s) \$ \_\_\_\_\_

Stocks, Bonds, Other Investments \$ \_\_\_\_\_

Life Insurance (cash value) \$ \_\_\_\_\_

Value of Primary Residence

Market Value	\$ _____		
Approximate Mortgage Balance	\$ _____		
Equity	\$ _____	→	\$ _____

Value of Other Real Estate

Combined Market Value	\$ _____		
Combined Mortgage Balance	\$ _____		
Equity	\$ _____	→	\$ _____

**Net Assets** \$ \_\_\_\_\_

**Automobiles**

<b>Car #1</b>	<b>Car #2</b>
Make and Model _____	Make and Model _____
Year Built _____	Year Built _____
Market Value \$ _____	Market Value \$ _____

**Expenses**

Monthly mortgage or rent	\$ _____
Utilities	\$ _____
Medical/Dental	\$ _____
Car payments	\$ _____
Insurance	\$ _____
Debt Consolidation Payments	\$ _____
Other -- Please Specify	\$ _____
Other -- Please Specify	\$ _____
<b>Total Monthly Expenses</b>	\$ _____

**Scholarship Information**

What would you like to pay each month

	Requested Level	Standard Rate	Difference
Child #1	_____	_____	_____
Child #2	_____	_____	_____

How much did you receive on a monthly basis in scholarship in previous years (combination of all children)? \_\_\_\_\_

Please Address the Following two criteria

1. Has there been a recent hardship in your household, such as job loss, recent moves, divorce, illnesses, etc.?

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2. Why would a year in DCP be particularly helpful to your child and family?

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I acknowledge that the information provided above is complete and accurate. If any discrepancy is identified, I assume responsibility for completing the year's tuition at full rate and repaying DCP for all scholarship funds, as determined to be appropriate.

Student's Mother \_\_\_\_\_ Date \_\_\_\_\_  
 Student's Father \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of the previous year's Federal Income Tax Return.