



**THE LEARNING
COOPERATIVES**
PRINCETON • BUCKS • RARITAN

Member Application

Youth Name: _____ Date of Birth: _____

Address: _____

Youth Email: _____

Home Phone: _____ Youth Cell Phone: _____

Parent Name: _____ Parent Name: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

In which center are you interested (please circle)?

Princeton Learning Cooperative / Bucks Learning Cooperative / Raritan Learning Cooperative

When is the youth interested to begin? _____

How did you learn about us? _____

What attracts you most to the Learning Cooperative? _____

You can return your completed application at an in-person meeting, attached to an email to info@princetonlearningcooperative.org for PLC, info@buckslearningcooperative.org for BLC, or info@raritanlearningcooperative.org for RLC, or via mail: The Learning Cooperatives, P.O. Box 167, Princeton, NJ 08542.

Youth Questionnaire

This section should be completed by the potential member. If more information about how the learning cooperative works would be helpful in answering the following questions, please see the center's website (How It Works) or learningcooperatives.org (Self-Directed Learning, Guiding Principles, Paths Forward).

Youth Name: _____

Please answer the following questions either here or on an attached page:

1. Why are you interested in joining the learning cooperative? Why do you think joining the learning cooperative would be good for you?
2. Please describe what you've liked and/or disliked about your past schooling or homeschooling.
3. What are the main priorities for your own learning and education?
4. What interests do you have? What do you like to do? What do you care about?

Membership Fees and Financial Assistance

The Learning Cooperatives are funded by fees and donations, work with families of all financial backgrounds, and we offer financial assistance in the form of fee reductions (if requested and when possible) to make the Learning Cooperatives widely accessible. We have never turned a family away for financial reasons.

Fee for 2018-2019: \$13,200

Billing: Upon enrollment, members are required to provide a \$1,000 non-refundable deposit. The balance of the fee is paid in two installments of \$6,000 due August 15th and January 15th. If you need a more flexible payment schedule, please include that in the additional information section below.

Refunds: No refunds are made to members who choose to terminate membership or whose membership is terminated for cause or disciplinary reasons during these billing cycles unless a specific arrangement is acknowledged by the learning cooperative.

Pro-Rated Fees: For members who join during the academic year, a \$1,000 deposit is due at the time of enrollment. The remainder of the fee will be pro-rated.

The Learning Cooperatives are a 501c3 tax-exempt organization. We accept tax-deductible donations to maintain our policy of never turning someone away for financial reasons. If you know someone who would like to support us in our mission, or if you would like to make a donation yourself, please be in touch.

I plan to pay the full fees and am not applying for financial assistance.

I request consideration for financial assistance.

Amount of fees I am able to pay: _____

Additional information that will help us understand your financial situation: _____

Additional information related to payment of fees:

Signature: _____

Date: _____