

My Own Montessori Application for Tuition Assistance

Student Information

Please include names of all students in your family attending or applying to M.O.M.

Student Name: _____ Age: _____
Student Name: _____ Age: _____

Parent/Guardian #1

Name: _____
Address: _____
City and Zip: _____
Home Phone: _____ Work Phone: _____
Occupation: _____ Employer: _____
Average Monthly Income: _____

Parent/Guardian #2

Name: _____
Address: _____
City and Zip: _____
Home Phone: _____ Work Phone: _____
Occupation: _____ Employer: _____
Average Monthly Income: _____

If parents do not live in the same household, the second household must complete a separate financial aid application and file. If a parent is listed as location unknown or otherwise uninvolved in child's life you are required to sign a written statement to that effect.

Income

Amount and source of other monthly income (for example, unemployment compensation, bonus, tips, interest and dividend income, rental income, child support, etc.):

Is anyone else (family members, grandparents, friends) providing child support or tuition assistance?

Yes/No – Relationship: _____ How much?: \$ _____/year

Expenses

Please list your monthly financial obligations (for example, rent/mortgage, utilities, transportation, payments for loans/credit, school fees, car payments, etc.):

Number of siblings or other dependents: _____

Names and ages of other siblings and other dependents: _____

Do any siblings or dependents attend tuition charging schools: _____

If so, please specify the names of the school(s) and the amounts you are paying in tuition per child annually: _____

Additional Information

How many days/week and hours/day do you hope to enroll your child(ren) at M.O.M. Please see Application for Admission for guidelines and requirements.

How much annual tuition do you believe you can pay to M.O.M. per child:

\$_____/year

Please describe any unusual circumstances that affect your ability to pay tuition, or any other information that the financial aid committee should know. Please attach another sheet of paper if you need more space.

Please list the areas in which you would be able to help M.O.M. and/or any of the special skills you or your family possesses. Because M.O.M. is small and available funds are limited, it is the hope that families receiving tuition assistance will contribute to the school in other ways (i.e., time, services, etc.).

To the best of my ability, I know all above information to be correct and complete. I agree that there may be school sanctions or legal penalties for deliberate misrepresentation on this form. All tuition assistance grants are contingent on the accuracy of the information provided in this form and may be reduced or withdrawn if there are material omissions, errors or differences. I agree that M.O.M. may require additional information from me in making its tuition assistance decisions. If I receive tuition assistance from M.O.M. I agree to immediately notify the director in writing of any change in my financial circumstances.

Parent/Guardian

Signature_____

Date: _____

Parent/Guardian

Signature_____

Date: _____