

Financial Assistance Application

Please complete this application for review by the Scholarship Committee whose membership includes the Executive Director and non-parent board members. All financial information will remain confidential, and will be made available only to the committee for consideration. Please return the form to the school upon completion in an envelope addressed to "Scholarship Committee."

Date _____ Child's Name _____ Date of Birth _____

Father's Name _____
Last First Middle

Address _____

Phone (Home) _____ (Work) _____

Date of Birth _____ Social Security Number _____

Mother's Name _____
Last First Middle

Address _____

Phone (Home) _____ (Work) _____

Date of Birth _____ Social Security Number _____

Program at Woods Creek Montessori that you would like for your child:
(Please list all monthly programs you would need including After School or Early Drop Off)

List all family, relations, friends and others who live in the same house or apartment with you (names are not necessary).

Relationship to you _____ Age _____

Relationship to you _____ Age _____

Relationship to you _____ Age _____

Relationship to you _____ Age _____

Total number of people who live in the house or apartment: _____

Household Income: List all the adjusted gross yearly income of each working person in the household.

Name _____ Employer _____

Yearly Income _____

Name _____ Employer _____

Yearly Income _____

Name _____ Employer _____

Yearly Income _____

Other Income: List all other benefits or income to you or your household, including child support, ADC, welfare and/or trusts and investments.

Income/Benefit _____ Amount per Month _____

Income/Benefit _____ Amount per Month _____

Income/Benefit _____ Amount per Month _____

Total household income/benefits per Month _____ Per Year (month x 12) _____

Other Assets: (please check appropriate spaces)

Do you own: Bank Accounts _____ Current Balance: Checking _____ Savings _____

Your Home _____ Tax Appraised Value _____

Other Property _____ Tax Appraised Value _____

Investments _____ Fair Market Value _____

Number of children in college or private school _____ Tuition charged _____

Financial aid granted _____ Monthly debt average _____

Recurring or unusual medical expenses (Cause and Annual Amount)

Any unusual expenses on a recurring basis? _____yes _____no Annual Cost _____

Explain _____

Mortgage payment _____ Unpaid mortgage principal _____

Rent payment _____ Average of other monthly debt payments _____

Please attach a copy of the front page of the 2017 Federal Income Tax Return (1040) and any other Schedules such as C, E, etc that list other forms of income other than earned income.

I affirm the information given herein is true, and I agree to supply verification of my income. If awarded, I will immediately report all increases in gross monthly income to my household equal to or greater than 110% of my household's total income.

Parent/Guardian

Date _____

Parent/Guardian

Date _____

School Use: Financial Aid awarded: ___yes ___no Amount _____