



Montessori

IN THE WOODS

Within the child lies the future.

Scholarship Application Form

Montessori In The Woods' resources to provide financial assistance are limited. Scholarships are granted based on individual need and the corporation's financial resources. Only one application form is required for each family. Completion and submission of this form does not guarantee that financial assistance will be granted. All information is kept in the strictest confidence.

Child's Full Name: _____ DOB: _____

Child's Address: _____

Home Telephone Number: _____ Today's Date: _____

(if applicable) Second Child's Full Name: _____ DOB: _____

Mother (or Legal Guardian)'s Name: _____

Address: _____

Occupation: _____ SS#: _____

Employer's Name: _____ Years Employed: _____

Employer's Address: _____

Father (or Legal Guardian)'s Name: _____

Address: _____

Occupation: _____ SS#: _____

Employer's Name: _____ Years Employed: _____

Employer's Address: _____

If parents are divorced: Who claims child on tax form? _____

Does non-custodial parent contribute toward educational expenses? If yes, amount: _____

Non-Custodial Parent's Name (if applicable): _____

Address: _____

Occupation: _____ SS#: _____

Employer's Name: _____ Years Employed: _____

Employer's Address: _____

Dependents: List all other children in the family and their ages. Use a separate sheet of paper if necessary.

Name: _____ Age: _____

Name: _____ Age: _____

Home: Rent Own Monthly rent/mortgage payment: _____

How long at this address? _____ Months _____ Years

Income: List all non-taxable income (i.e. social security, public assistance, child support, workers compensation)

Source: _____ Amount: _____

Source: _____ Amount: _____

Approximately what do you anticipate your total gross family income will be this year? _____

Assets: List other assets which could be used to satisfy your tuition obligation (i.e. investments)

Asset: _____ Value: _____

Asset: _____ Value: _____

If you feel there are special or extenuating circumstances that should be taken into account, please check here: _____
Describe them on a separate sheet of paper.

I/We confirm that there are no other sources which could be used to satisfy my/our tuition obligation, and that the above information is complete to the best of my/our knowledge. By signing this application, I/we acknowledge that my/our family qualifies for financial assistance. **Submission deadline is April 30th.**

I/we understand that any family receiving financial scholarship assistance must remain current on their monthly tuition and child care payments in order to continue to qualify for this scholarship.

Signed: _____ Date: _____

Signed: _____ Date: _____

You are required to submit copies of the following documents to support your application:

1. Three most recent pay stubs
2. Federal tax returns for the previous two (2) years, including your W-2s.