



## TUITION ASSISTANCE APPLICATION

### 2017/2018 School Year

APPLICATION DUE BY APRIL 30th, 2017

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Returning Student       New Student       Sibling Student

School-Day Program: Year 1 2 3 (circle one)

Elementary Program : Year 1 2 3 4 5 6 (circle one)

1<sup>ST</sup> Parent / Guardian Name \_\_\_\_\_ Home/Cell Ph. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

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

2<sup>nd</sup> Parent / Guardian Name \_\_\_\_\_ Home/Cell Ph. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

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

**Please list all other dependent members of your household:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**What is the reason you are requesting financial assistance at this time?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Specifically, how much assistance are you requesting and for how long?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list all other funds you receive:**

SSI	\$ _____	Alimony	\$ _____	Child Support	\$ _____
SNAP	\$ _____	Medical Aid	\$ _____	Investments	\$ _____
DHS	\$ _____	SSDI	\$ _____	Section 8	\$ _____
		Rental Property	\$ _____	Shared Housing	\$ _____

Other (Please describe) \$ \_\_\_\_\_

**Total annual family income:** \_\_\_\_\_ **Total family members dependent on income:** \_\_\_\_\_

**Total family allowances:** \_\_\_\_\_

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**Please include the following documents in support of your application:**

- Copy of most current U.S. Income Tax Return and W2's
- Two most recent check stubs from current employment for all family member employers or a letter from employer stating monthly gross income.

Please be sure to include all information. Your application cannot be processed without the documentation. Please make copies of all required documents, as they will not be returned to you. Please attach a written statement with any additional information you wish to have considered in evaluating this application.

I declare that the information provided is correct. I agree to provide additional information to verify need if requested.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

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***FOR ADMINISTRATIVE USE ONLY:***

Date application received: \_\_\_\_\_ Date Reviewed by Decision Committee: \_\_\_\_\_

Assistance granted?  Yes  No Date of notification: \_\_\_\_\_ Amount of Assistance: \_\_\_\_\_

If 'No', reason: \_\_\_\_\_

Conditions of Assistance (if any): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This corporation adopts the following statement of non-discrimination:

The Portland Montessori School admits students of any race, color, sexual orientation, national origin, religion and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The Portland Montessori School does not discriminate on the basis of race, color, sexual orientation, national origin, religion and ethnic origin in the administration of its educational policies, admission policies, and other school-administered programs.