



Saxtons River Montessori School

P.O. Box 98
14 Westminster Street
Saxtons River, VT 05154
802-869-3349
srmontessori.org

SCHOLARSHIP APPLICATION FORM

Full name of child _____ Date of birth _____

Street Address _____ Home phone _____

City _____ State _____ Zip code _____

Parent 1's Name (or guardian) _____

Parent 1's Address _____

Parent 1's Work Place _____ Phone _____

Parent 2's Name (or guardian) _____

Parent 2's Address _____

Parent 2's Work Place _____ Phone _____

Dependents (please list all other children in family):

Name	Age	School	Tuition paid by parents	Financial Aid received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any others dependent on financial support from family, including name, age, relationship to child, and if living with family.

Do you own a house? () rent? () other? () explain _____

Do you own an automobile? _____ Year _____ Make _____

Have you applied for financial assistance from Social and Rehabilitative Services this year? (y/n) _____

Have you applied for financial assistance from SRMS previously? _____



Saxtons River Montessori School

P.O. Box 98
14 Westminster Street
Saxtons River, VT 05154
802-869-3349
srmontessori.org

Monthly expenses:

(Please include rent or mortgage payments, special medical expenses not covered by insurance, child care, transportation and car payments, entertainment, vacation expenses, contributions, etc.)

Income: (Please give amount before deductions for taxes, etc. for the past year.)

Parent 1's earned annual income: _____ additional income: _____

Parent 2's earned annual income: _____ additional income: _____

Other family income (e.g. property, savings, etc.) _____

Total Income: _____

What do you expect to be the total family income during the current tax year?

List any special financial circumstances such as illness, housing problems, etc.

Please indicate the amount of tuition you feel able to pay per month: _____

TO BE CONSIDERED FOR SCHOLARSHIP AID, YOU MUST SUBMIT WITH THIS APPLICATION SIGNED COPIES OF YOUR MOST RECENT STATE AND FEDERAL INCOME TAX RETURNS INCLUDING, IF APPLICABLE, YOUR MOST RECENT 1040SE FORM. NO ORIGINALS, PLEASE.

If you wish to add anything to this application, please include a statement on an attached sheet of paper.

Send application with all required documentation to SRMS, Attention: Scholarship Committee.

The Scholarship Committee will evaluate your financial need compared to the need of other applicants. The committee will also take into account the size of its financial aid budget. Based on this information, the school will determine whether or not to make financial aid available to your child.