



Saxtons River Montessori School

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

SCHOLARSHIP APPLICATION FORM

Date of Application: _____ Are you eligible for Bright Futures assistance? _____

If not, please explain: _____

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

SRMS does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, families, volunteers, and vendors.

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

Housing: Own a house Rent Other Please explain _____

Vehicle: Do not own a vehicle Own a vehicle Year _____ Make/Model _____

Own a 2nd vehicle Year _____ Make/Model _____

Have you applied for other financial assistance (e.g. Bright Futures) this year? _____

Have you applied for financial assistance from SRMS previously? _____

Expenses on a monthly basis:

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

Gross Income for 2015: (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: _____

Is your child eligible for Pre-K Public funding of \$3,092? Yes No

Comment, if needed:

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 it here, or on an attached sheet of paper.

Please send application with all required documentation to the school to the attention of the 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.