

**TUITION ASSISTANCE APPLICATION**

The purpose of the tuition assistance scholarship is to:

* Maintain current families in the Montessori school community who have demonstrated a commitment to the Montessori Approach
* Encourage new families to attend Montessori schools, bringing gender and age balance to the growing community.
* Promote demographic, socio-economic, and geographic diversity within the Montessori community.

Tuition assistance awards are based on demonstrated need and fulfillment of the purpose of the scholarship program. The eligibility for tuition assistance is based on number of years child has been enrolled in Montessori, specifically, CMS, level of commitment to the school and a needs analysis of the information concerning taxable income, assets, and expenses indicated on a completed standard application form.

Since the determination of the award is based on the analysis of the information submitted concerning the family’s ability to pay school fees, it is important to have the current and accurate information about the family’s income and assets. This information is kept in the strictest confidence and is reviewed by the Tuition Assistance Committee only.

The following pages of paperwork help us to make the best and fairest decisions regarding requests for tuition assistance to allow children to attend Camas Montessori School.

We are very aware of the uncertain economy and all its impact on our families, and we know that a change in your financial situation may happen. Please explain any such circumstances, and continue to keep us informed.

Our Tuition Assistance funds are limited. We strive to allocate these funds in the fairest possible way. Following are the allocation guidelines in which the committee endeavors to follow.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Program cost** | **Min. TA funded** | **Min. Parent Portion** | **Parent monthly tuition** |
| mhd 4x wk | $5880 | $2352 | $3528 | $353 |
| mhd 5x wk | $6180 | $2472 | $3708 | $371 |
| fd 4x wk | $7560 | $3024 | $4536 | $454 |
| fd 5x wk | $8570 | $3428 | $5142 | $514 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

There is some flexibility in the guidelines depending on each family’s unique circumstances and the community’s need for Tuition Assistance each given year.

Following are the factors we consider before granting Tuition Assistance:

* *Priority for allocating Tuition Assistance will be given to re-enrolling children*
* *New families may also apply*
* *Household monthly income and expenses*
* *Any special circumstances of the request*
* *The length of time the child has been enrolled at CMS and age*
* *Past of future siblings who were or will be enrolled*
* *Other options for funding the child’s education*
* *Plans for child if request is not approved*
* *For currently enrolled families, parental participation in school activities: child’s school attendance, fundraising efforts, and parent education*
* *For new families, a commitment to participate in these areas*
* *Input from the CMS staff*

Please answer all of the questions on the forms as completely as possible. Sharing your personal financial information can be uncomfortable, and we want you to know that confidentiality in these matters is of the utmost importance to us.

* **Please attach a copy of your most recent Federal Income Tax Return. No request will be considered without this.**

It is the goal of CMS’s Tuition Assistance Committee to reply to your request in a timely manner.

Once we receive your application, we will send you a letter of confirmation. We will review your application in **April**, and a private meeting with one or two Tuition Assistance Committee members may also be needed.

First round Tuition Assistance for the fall will be offered no later than **May 15**. Further assistance may be awarded later, to the same or different families, depending upon family responses and enrollment commitments.

If you have questions or concerns, feel free to contact the CMS office and we will get in touch with the appropriate person on the committee.

**APPLICATION FOR TUITION ASSISTANCE**

The information collected on this application is confidential and will not be made available to anyone who is not directly involved in the determination of tuition assistance.

**PARENT/GUARDIAN # 1**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YEARS EMPLOYED\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN # 2**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YEARS EMPLOYED\_\_\_\_\_\_\_\_\_

If the parents or guardians are separated, divorced, or unusual circumstances apply, please explain them under “unusual expenses”. If separated or divorced, please give name of the guardian who claimed the student(s) as a tax dependent. Indicate whether there is an agreement specifying a contribution for the student’s educational expense and if yes, indicate how much.

**CHILD APPLYING FOR SCHOLARSHIP**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_ DATE FIRST ENROLLED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child’s previous school experience (please detail schools and years attended as well as curriculum style:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your request/needs:

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

Is there anything you think the Tuition Assistance Committee should know in consideration of your application? (feel free to attach a separate sheet of paper if necessary):  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For current parents: What situation of changes to your personal or financial situation caused you to apply for Tuition Assistance? If you have previously received Tuition Assistance, have your circumstances changed? For those applying for the first time, what is your basic financial situation?

What are your plans if this request is not approved?

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

Please feel free to attach a letter if you have more information you would like us to consider in your application.

**INCOME AND EXPENSE INFORMATION**

The following figures to be entered on the next page should be *estimated* for this coming tax year, this will be your “*estimated*” information).

**A copy of your most recent Federal Income Tax (form 1040) return for the year prior to current enrollment must be attached**. (For example, if you are applying for the current school year, you will attach the information from your previous year’s Federal Income Tax return (Form 1040). This information will be your “actual” information.

**TAX STATUS**

\_\_\_single \_\_\_married, \_\_\_joint return \_\_Married, filing separately \_\_\_head of household

\_\_\_Total number of persons claimed as federal income tax exemptions.

Please ***estimate*** the dollar amounts for the **current year** in the categories below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Estimated Household monthly Income** |  |  |  |  |
| Salary/salaries |  |  |  |  | |
| Spousal Support |  |  |  |  | |
| Child Support |  |  |  |  | |
| AFS or other Aid |  |  |  |  | |
| Other income  Dividends/interest  Net loss from business  Social Security benefits |  |  |  |  | |

**TOTAL:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Estimated Household monthly Expenses** |  |  |  |  |
| Mortgage/rent |  |  |  |  |
| Loan payments |  |  |  |  |
| Car payments |  |  |  |  |
| All utilities |  |  |  |  |
| Food  Other childcare  Household expenses  Other important:  Medical/dental expenses  Not covered by insurance  Unusual expenses  **TOTAL:** |  |  |  |  |

Current program and tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paying 10 months, 11 months or annually\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program applying for and tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate what you feel that you could comfortably pay per month: \_\_\_\_\_\_\_\_\_\_\_\_\_

Here are some options:

\_\_\_\_\_\_\_\_\_ I could stretch my annual payment over a 12 month period.

\_\_\_\_\_\_\_\_\_ I could pay one year’s tuition over an 18 month period.

\_\_\_\_\_\_\_\_\_I could volunteer in the following capacities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I understand that any material changes in household income are required to be immediately disclosed to the CMS Tuition Assistance Committee.

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

Parent Signature Parent Signature

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

Date