



Montessori Community School of RI Financial Aid Application

Applicant #1 _____ Applying to (circle one): Toddler Primary (3-6 classroom)

Applicant #2 _____ Applying to (circle one): Toddler Primary (3-6 classroom)

***Instructions:**

- Do not leave any lines blank. If a question does not apply to you, enter a zero (\$0) or NA (not applicable).
- Provide copies of your Federal Income Tax Return and W2 form(s) from the past two years
- If an applicant's parents are separated or divorced, both birth parents must submit financial information (preferably on one form). For an additional form contact Amy Borak at aborak@mcsri.org
- If the custodial parent/guardian has remarried, you must also include the step-parent's financial information.

Parent/Guardian
 Circle: Mr. Mrs. Ms.
 Name: _____

Address: _____

Occupation/Title: _____

Employer: _____

Check one:

- Birth Parent Foster Parent
 Adoptive Parent Step-parent
 Legal Guardian

Parent/Guardian
 Circle: Mr. Mrs. Ms.
 Name: _____

Address: _____

Occupation/Title: _____

Employer: _____

Check one:

- Birth Parent Foster Parent
 Adoptive Parent Step-parent
 Legal Guardian

	2017		2018 (expected)	
	Father/Mother (or Guardian)	Father/Mother (or Guardian)	Father/Mother (or Guardian)	Father/Mother (or Guardian)
1. Total Yearly Gross Salary/Wages	\$ _____	\$ _____	\$ _____	\$ _____
2. Unemployment Compensation	\$ _____	\$ _____	\$ _____	\$ _____
3. Child Support/Alimony	\$ _____	\$ _____	\$ _____	\$ _____
4. Retirement Income	\$ _____	\$ _____	\$ _____	\$ _____
5. Pensions	\$ _____	\$ _____	\$ _____	\$ _____
6. Veteran's Benefits	\$ _____	\$ _____	\$ _____	\$ _____
7. Social Security	\$ _____	\$ _____	\$ _____	\$ _____
8. Disability Benefits	\$ _____	\$ _____	\$ _____	\$ _____
9. Public Assistance	\$ _____	\$ _____	\$ _____	\$ _____
10. Rental Income	\$ _____	\$ _____	\$ _____	\$ _____
11. Interest and Dividends	\$ _____	\$ _____	\$ _____	\$ _____
12. Income and Estates/Trusts	\$ _____	\$ _____	\$ _____	\$ _____
13. Other Untaxed Income	\$ _____	\$ _____	\$ _____	\$ _____
(Please Specify _____)				
14. Are you self-employed? (circle one):		Yes No		
15. Medical/Dental not covered by insurance	_____			



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16. Automobile(s): #1 _____ #2 _____
(make and year) (monthly pmt) (make and year) (monthly pmt)

17. Rent: \$_____/month OR Mortgage: \$_____/month

18. Please provide information below for **all** dependent children for the 2016-2017 school year:

Name	Grade	School	Tuition	Amount You Pay	Financial Aid
_____	_____	_____	\$_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____	\$_____

19. Please provide **estimated** information below for **all** dependent children for the 2017-2018 school year:

Name	Grade	School	Tuition	Amount You Pay	Financial Aid
_____	_____	_____	\$_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____	\$_____
_____	_____	_____	\$_____	\$_____	\$_____

20. Please list any other significant expenses here: _____

21. Family Assets

	Father/Mother/Guardian	Father/Mother/Guardian
Bank Accounts:	\$_____	\$_____
Investment Accounts:	\$_____	\$_____
Family Home Value (=estimated value - mortgage debt):	\$_____	\$_____
Other Real Estate Value (=estimated value - mortgage debt):	\$_____	\$_____
Other Assets	\$_____	\$_____

22. Explain any unusual circumstances regarding the applicant's parents: _____

23. Tuition for the 2017-2018 school year will be as follows:

Toddler House:		Primary Classroom:	
5 Half days (8:30am-12:30pm)	\$10,228/yr	5 Half days (8:30-12:30pm)	\$9177/yr
5 Full days (8:30am-3: 30pm)	\$13,740/yr	5 Full days (8:30am-3: 30pm)	\$10,578/yr
4 Full days (8:30am-3: 30pm)	\$13,225/yr	4 Full days (8:30am-3: 30pm)	\$10,238/yr

**After reviewing these figures and carefully considering your resources, what would be an affordable monthly payment?
\$_____ (Do not leave blank)**

24. Certification: I hereby certify, under penalties of perjury, that the information contained in this Financial Aid Form is true, correct and complete to the best of my knowledge and belief. I understand that if the information contained herein subsequently proves not to be true, correct and complete, it may cause financial aid granted to my child by the school to completely or partially revoked and myself prosecuted or sued for fraud.

Signature Parent/Guardian: _____ Phone: _____ Date: _____
Signature Parent/Guardian: _____ Phone: _____ Date: _____