



MONTESSORI OF MACON

EDUCATING THE WHOLE CHILD FOR A WHOLE WORLD

2012-13 Financial Aid Application

GUIDELINES:

1. To be eligible for Financial Aid, your child must currently be enrolled at Montessori of Macon OR you must have submitted an Application for Admission with the Application Fee to the front office.
2. A COMPLETED Financial Aid Application Package must be submitted by **no later than 4:00 p.m. on March 1st** to be considered for Financial Aid.
3. A COMPLETED Financial Aid Application Package consists of:
 - ✓ **Completed Questionnaire**
 - ✓ **Completed Personal Financial Statement**
 - ✓ **Attach a complete (including all schedules and forms), signed copy of your 2010 and 2011 Federal Tax Returns. Also attach a copy of all 2010 and 2011 W-2s and 1099s. (If parents file separate tax returns but both are legally and financially responsible for the child(ren), please include the financial statements and federal tax returns for both parents.)**
4. INCOMPLETE Financial Aid Application Packages WILL NOT BE CONSIDERED! Make sure that every question has been answered and that ALL requested documents have been attached. Please provide as much information as possible in response to the questions in this package. The Financial Aid Committee can only make decisions based on information you provide – please ensure you have provided complete information!
5. All Financial Aid information will be kept confidential. Return the completed Financial Aid Application Package in a sealed envelope marked “Financial Aid Committee” to the school office **no later than 4:00 p.m. on March 1st**.
6. Please complete only ONE Financial Aid Application Package per family. The granting of Financial Aid funds does not negate the financial or service hour commitment required by Montessori of Macon. Financial Aid is allocated on a yearly basis.

**Financial Aid Application 12-13
Questionnaire**

Application # _____

Please complete one Financial Aid Application per family. Include the names of all children you would like the Financial Aid Committee to consider. **If you need additional space, please attach additional pages.**

1. Student Information:

Name: _____ Date of Birth: _____ Male Female
Name of school enrolled during the 2011/12 School Year: _____

Name: _____ Date of Birth: _____ Male Female
Name of school enrolled during the 2011/12 School Year: _____

Name: _____ Date of Birth: _____ Male Female
Name of school enrolled during the 2011/12 School Year: _____

Name: _____ Date of Birth: _____ Male Female
Name of school enrolled during the 2011/12 School Year: _____

Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

2. With whom does the child(ren) reside? ___Mother ___Father ___Both
Number of persons in household _____
Who is legally responsible for the child? ___Mother ___Father ___Both

3. Mother's Name: _____
Employer: _____
Occupation/ Title: _____ Years Employed: _____
Employer's Address: _____
Employer's Phone #: _____

4. Father's Name: _____
Employer: _____
Occupation/ Title: _____ Years Employed: _____
Employer's Address: _____
Employer's Phone #: _____

5. Is your child(ren) currently receiving any monies through the GOAL Scholarship? _____
If yes, what time period was this awarded? _____ How much? _____

6. Have you previously applied for Financial Aid from M.O.M.? _____
If yes, was Financial Aid awarded? _____ How much? _____

7. How long has your family been part of the Montessori of Macon community? _____

8. Why do you want your child to attend Montessori of Macon? _____

9. What is the highest grade you anticipate your child completing at Montessori of Macon?

10. The tuition contract requires each family to provide 5 hours of service or pay \$50 per month. What skills do you feel you can offer or contribute to Montessori of Macon?

11. For currently enrolled families, give specific examples of your contribution/ involvement in the school _____

12. Tuition and Extended Care Services – Breakdown of anticipated expense for 12-13

	Child 1	Child2	Child 3
Annual Tuition 12-13	\$	\$	\$
Early Care Cost (annual)	\$	\$	\$
After Care Cost (annual)	\$	\$	\$
Camp Cost (annual)	\$	\$	\$
Total Tuition & Extended Care Services	\$	\$	\$

13. Please explain any extenuating circumstances, which may cause your tax forms NOT to present a full picture of your financial situation. _____

14. The maximum Financial Aid amount that is possible is 40% of tuition. Keeping this in mind, what is the amount of financial aid you need each month? _____

15. Additional information the Financial Aid Committee should know regarding your financial need _____

In submitting this application I understand that the application process (both content of application and final selection of Financial Aid recipients) is to be kept confidential by both applying families and the Financial Aid committee. I verify all statements on this application to be true.

(Signature of parent/ guardian)

(Date)

(Signature of parent/ guardian)

(Date)

Personal Financial Statement

Montessori of Macon - Financial Aid Application

ASSETS		LIABILITIES			
Cash on hand & in Banks	\$	Accounts Payable (credit cards)	\$		
Savings Account	\$	Installment Account (Auto) Mo. Payment = \$ _____	\$		
IRA or Other Retirement Account	\$	Installment Account (Auto or Other) Mo. Payment = \$ _____	\$		
Accounts & Notes Receivable	\$	Loan on Life Insurance	\$		
Life Insurance – Cash Surrender Value Only	\$	Mortgages on Real Estate (Describe in Section 4)	\$		
Stocks and Bonds (Describe in Section 3)	\$	Unpaid Taxes	\$		
Real Estate (Describe in Section 4)	\$	Other Liabilities (Describe in Section 6)	\$		
Automobile – Present Mkt. Value	\$	Total Liabilities	\$		
Other Assets (Describe in Section 5)	\$		\$		
Total Assets	\$	Total Assets – Total Liabilities = Total Net Worth	\$		
Section 1. Source of Income		Contingent Liabilities			
Salary	\$	As Endorser or Co-Maker	\$		
Net Investment Income	\$	Legal Claims & Judgments	\$		
Real Estate Income	\$	Provision for Federal Income Tax	\$		
Other Income (Describe Below)*	\$	Other Special Debt	\$		
Description of Other Income in Section 1 (Alimony and/or Child Support should be disclosed in "Other Income")					
Section 2. Notes Payable to Banks and Others (Use Attachments if necessary)					
Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	Type of Collateral
Section 3. Stocks and Bonds (Use Attachments if necessary)					
Number of Shares	Name of Securities	Cost	Market Value	Date of Mkt. Value	Total Value

Personal Financial Statement – page 2 of 2

Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Present Market Value			
Payment Amount (monthly)			
Section 5. Other Personal Property and Other Assets			
Section 6. Other Liabilities (describe in detail)			
<p>I certify that the information contained is accurate and complete. I also understand that false information or incomplete information will forfeit my application for Financial Aid.</p>			
Signature:		Date:	
Signature:		Date:	