



Sun and Stars Montessori School
 Jacobson Family Scholarship Fund
 Confidential Application

Name of Child:	Date of Birth:	
Father's Name:	Phone:	
Father's Address:	City, State, Zip:	
Mother's Name:	Phone:	
Mother's Address:	City, State, Zip:	
Father's Work:	Position:	
Work Address:	Work Phone:	
Mother's Work:	Position:	
Work Address:	Work Phone:	
Dependents - Child's Name:	Age:	
Other's Dependents - Person's Name:	Relationship:	
Property: Do you own a home? Yes No	Rent house Rent apartment	
List Automobiles: Make & Model	Amount owed:	
Income: Give amounts before deductions for taxes	Last year year	Estimates for this
Father's Gross Annual Income:	\$	\$
Mother's Gross Annual Income:	\$	\$
Additional Income:	\$	\$
Other Income:	\$	\$
Alimony/Child Support:	\$	\$
TOTAL GROSS ANNUAL INCOME:	\$	\$
Expenses:	Last year year	Estimates for this
Monthly rent/mortgage:	\$	\$
Car payments:	\$	\$
Food:	\$	\$
Utilities:	\$	\$
Medical:	\$	\$
Transportation:	\$	\$
Other Household Expenses:	\$	\$
Debt Payments:	\$	\$
Other Expenses:	\$	\$
Total Expenses:	\$	\$
Bank Name:	Branch:	
Bank Address:	Bank Phone:	
Checking Account No.:	Savings Account No.:	
Money Market Account No.:	Other Account No.:	

Please indicate the amount of tuition you feel able to pay: \$ _____

This application MUST be accompanied by the attached release forms and a copy of your most recent tax return. In addition to this application, please attach or include below a brief description of your child and any special circumstances that would make a scholarship to Sun and Stars Montessori beneficial to your child.

Read Carefully!

In connection with this application I give permission to the committee to verify my account and tax data. I understand that I am applying for funds based on my current financial status. Should that status change within the scholarship period I must notify the committee or the funds will be terminated. Awards will be made with the understanding that should my financial circumstances improve during the term of the scholarship, every effort will be made to repay a reasonable portion of funds advanced by the center.

I understand that volunteer work is required as part of the scholarship program and I agree to participate fully in the school's annual fund-raiser as well as help regularly when needed. Details about participation in the school's annual fundraiser are included in the "Auction Participation form" which I will be required to sign and return upon acceptance of enrollment.

I understand that this application will be viewed and verified by the scholarship committee and an interview will be required. I acknowledge that the teachers will conduct a formal observation to assess the readiness for my child in the program. I have read and understand the Sun and Stars Montessori School Scholarship Policy and agree to abide by the Policy guidelines and requirements.

Signed _____ Date _____
