

## SRMS Scholarship/Tuition Assistance Application 2023-2024

S	TUI	DENT INFORMATION				
		nt Name:		Age:	Program:	
Parent Name(s):						
Address:						
Н	ome	Phone:	Mobile Phone:		Email Address:	
A.	With what source of funds do you pay your child's tuition? Please check all that apply:  Individual/family income  Trust fund					
		Assistance from others				
	Please provide a signed copy of your most recent federal income tax return. If another party assists in paying your child's tuition, please include a copy of that party's income tax return as well.					
	Please include only the first two pages of Form 1040. All tax forms will be shredded after consideration during the Scholarship/Tuition Assistance Committee's selection process.					
B.	Please take the time to thoughtfully respond to each of the following questions (provide 100 to 200 words for each question). Other families will be applying as well, so please make the case for why your family is worthy of assistance. Please attach your responses to this application.					
	1.	What are your educational goals for your child? How long do you intend to have your child in our program?				
	2.	Why do you want your children to have a Montessori education?				
	3.	Why do you require tuition assistance? How long do you anticipate you will need help?				
	4.	How do you and your family contribute to the school? Include in your response a description of how you have provided your service hours this past year and your plans for your service hours this coming year? (Please be aware that PTO hours do not count towards your service commitment.) Do you regularly attend parent education nights?				
Please note that if tuition assistance is sought for more than one child, you must submit more one application.					e child, you must submit more than	
I have read and understand the Scholarship/Tuition Assistance Policy and Procedure:						
Sic	nat	ure			Date	