

MONTESSORI COUNTRY SCHOOL
10994 ARROW POINT DR.
BAINBRIDGE ISLAND, WA 98110

Date Issued _____

Date Due _____

EDUCATIONAL FINANCIAL AID APPLICATION

Statement of Confidentiality: The information given on this form will be kept strictly confidential, and will be reviewed only by the school director and the Financial Aid Committee made up of qualified professionals outside of the MCS parent community.

Parents' Names _____

Single Married Divorced Separated

Mother's Address City Zip

Father's Address City Zip

First Child

Child's Name _____ Birthday _____

Student Status: New Student Returning Student ____ Years at MCS

Your class placement priority for the ____ School Year:

Preprimary 2 or 3 day 1/2 Day M-Th 1/2 days M-F

Second Child

Child's Name _____ Birthday _____

Student Status: New Student Returning Student ____ Years at MCS

Your class placement priority for the ____ School Year:

Preprimary 2 or 3 day 1/2 Day M-Th 1/2 days M-F

Third Child

Child's Name _____ Birthday _____

Student Status: New Student Returning Student ____ Years at MCS

Your class placement priority for the ____ School Year:

Preprimary 2 or 3 day 1/2 Day M-Th 1/2 days M-F

Other children in the home:

Name _____ Age _____

Name _____ Age _____

**Montessori Country School Financial Aid Application
Statement of Income and Expenses**

Name _____ Today's Date _____

Child's(ren)'s Name(s) _____

(If you are legally separated, or divorced, please make a copy of this section and fill out a separate statement for each parent.)

Income	Monthly	Annual
Salaries and wages	_____	_____
Dividends & interest	_____	_____
Child Support	_____	_____
Self employment	_____	_____
Gifts (parents etc.)	_____	_____
Public Assistance	_____	_____
Other _____	_____	_____

Expenses	Monthly	Annual
Rent	_____	_____
Mortgage	_____	_____
Child support/alimony	_____	_____
Utilities	_____	_____
Food	_____	_____
Insurance	_____	_____
Clothing	_____	_____
Child Care	_____	_____
Entertainment, vacation, etc.	_____	_____
Credit cards	_____	_____
Medical	_____	_____
Educational	_____	_____
Other Expenses _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Liabilities	owed	monthly payment
Debt		
Credit Cards	_____	_____
Bank loans	_____	_____
Auto loan	_____	_____
Mortgage	_____	_____
Other	_____	_____
Other	_____	_____

Assets	
Savings	_____
Checking	_____
Investments	_____
Property	_____

Total Liabilities	_____
Total Assets	_____
Total monthly expenses	_____
Total monthly income	_____

Montessori Country School –Financial Aid Application

Please explain below the educational emotional and/or social needs of your child(ren):

Why have you chosen Montessori Country School for your child(ren)?

In what ways do you feel you can be helpful to Montessori Country School (serving on Committees, classroom help, sharing your talents and expertise)?

FINANCIAL INFORMATION: Please summarize below your financial need, including any anticipated changes in your financial status over the next year(s).

List full monthly tuition without assistance: _____.
List amount you feel you are able to pay: _____.
List amount of assistance requested: _____.

I(we) certify that the enclosed information is true and correct to the best of my knowledge.

Mother's Signature

Date

Father's Signature

Date

Please submit this application form in a sealed envelope with the cover sheet of your most recent IRS Tax Form addressed to the MCS Financial Aid Committee c/o MCS 10994 Arrow Point Drive Bainbridge Island, WA 98110

You will be notified by the Financial Aid Committee regarding this application within a week of receiving notification by MCS of your child's acceptance into the program.

MCS does not discriminate in the administration of its admissions or financial aid program on the basis of the race, religion, national or ethnic origin, and/or creed of its applicants.

