

## Swan River Montessori Children's House Program: Scholarship Application

If you are interested in applying for a scholarship, please complete the following application, along with providing **two recent pay stubs for each parent/legal guardian who earns any income as well as W-2 forms to verify total family income.** A separate application must be submitted for each child applying for a scholarship, however, the same set of financial documents may be used.

Applications, along with financial documentation, may be turned into our main office or it may be sent to:

Early Childhood Coordinator  
Swan River Montessori Children's House Program  
500 Maple Street  
Monticello, MN 55362

\*\*Please mark your envelope **CONFIDENTIAL**.

Please complete the following:

Parent's Name(s) \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Other Telephone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Total Number of People in Household \_\_\_\_\_

Parent #1's Employment \_\_\_\_\_

Parent #1's Occupation \_\_\_\_\_

Parent #2's Employment \_\_\_\_\_

Parent #2's Occupation \_\_\_\_\_

Monthly Income:

Gross monthly salary/wages/tips

Parent #1 \_\_\_\_\_

Parent #2 \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

Unemployment Compensation \_\_\_\_\_

Child Support \_\_\_\_\_

Other (alimony, pension, etc.) \_\_\_\_\_

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Total Monthly Income \_\_\_\_\_

If there are any specific circumstances that make tuition assistance necessary or any additional information that may clarify your family's request, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing my name below, I understand and agree to all the scholarship guidelines and policies. I understand that this scholarship award may be subject to review mid year and that I will have to provide any updated financial information as required by Swan River Montessori Charter School in order to re-qualify at that time.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_