

## Swan River Montessori Children's House Program: Financial Aid Application

If you are interested in applying for financial, 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 aid, 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:

Katie Curtis, 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 financial aid 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 \_\_\_\_\_