

## **Need-Based Scholarship Application Instructions**

Need-based scholarships at RiverRun Community Montessori are awarded, as funds are available, based upon demonstrated financial need as well as family dedication to the Montessori philosophy and to RiverRun Community Montessori, and it is our intention to support families qualifying for aid throughout their child(ren)'s entire enrollment at RiverRun. In order to be considered for an award, you must have submitted an application for, or already be admitted to RiverRun.

Please take a moment to fill out this application as completely as possible. Additionally, if there is information you feel is pertinent to share that might help us in determining your need for assistance, feel free to attach a separate piece of paper.

## Return the following prior to the school year for which you are applying:

- 1. This completed application form
- 2. Most recent household tax information:
  - A signed copy of IRS Federal 10140 tax return (1<sup>st</sup> two pages only)
  - Proof of all other income received (SSI, unemployment, disability, child support, etc.)
- 3. If you will not file a federal tax refund, you will need to supply the following information:
  - Proof of all income received in the most recent full year

## Mail the completed application and you tax information to:

RiverRun Montessori 210 Morris Rd. Schenectady, NY 12303

After your completed application has been received and reviewed, you will be contacted by a board member. If you have any questions regarding this application, please contact Stuart Poole via email at treasurer@riverrunmontessori.org



## **Need-Based Schlorship Application**

1. Your Full Name: \_\_\_\_\_\_

Relationship to child:

2. School year for which you are applying for a need-based scholarship: \_\_\_\_\_\_

3. Please list all of your children's names and ages:

Name (with any child(ren) currently enrolled at RiverRun listed first)

Age

| 1. |  |
|----|--|
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

4. Amount of tuition assistance requested:

\_\_\_\_\_% (between 5 and 20 percent) <u>or</u> specific dollar amount \$\_\_\_\_\_

Do you receive tuition assistance from any other sources (e.g. family members, etc.)? \_\_\_\_\_ No \_\_\_\_ Yes
If yes, please specify the amount anticipated \$ \_\_\_\_\_\_
Explain: (child support, grandparents, other family members, etc.)

6. Do you have other financial commitments you would like us to consider (e.g. another child attending child care or a different private school, caring for an elderly family member, etc.)? \_\_\_\_ No \_\_\_\_ Yes...please explain:

8. Please attach any additional comments, documents, or information that you feel will help influence a decision for tuition assistance.

**REMINDER:** Please remember to submit your financial documents/information with this form.

| OFFICE USE ONLY |  |
|-----------------|--|
| Date Received   |  |
| Decision Date   |  |
|                 |  |