

# Montessori Episcopal School

Church of the Annunciation  
(972) 221-3533



## Student Scholarship Application 2006-2007

### A. Parent or Guardian Information

Father       Stepfather/Male guardian

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Disabled     Deceased

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Years w/company: \_\_\_\_\_  Part time     Full time

Mother       Stepmother/Female guardian

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Disabled     Deceased

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Years w/firm: \_\_\_\_\_  Part time     Full time

### B. Student Information

#### Student A

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ New student \_\_\_\_\_ Returning Student \_\_\_\_\_ Sex:  M     F

Student lives with (*check all that apply*):  Father     Mother     Stepfather     Stepmother     Male guardian     Female guardian

#### Student B

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ New Student \_\_\_\_\_ Returning Student \_\_\_\_\_ Sex:  M     F

Student lives with (*check all that apply*):  Father     Mother     Stepfather     Stepmother     Male guardian     Female guardian

### C. Parents' Income and Expense Information

The information on this form should be from your completed 2004 tax return.

Income tax filing status for:    (2004)     Single     Married, joint return     Married, filing separately     Head of household     Do not file

C-1: How many federal income tax exemptions did you claim for 2004? \_\_\_\_\_

C-2: How many children, including the student applicant(s), are residing in your home and/or are receiving support from you in 2005? \_\_\_\_\_

C-3: How many children entered in the previous question will be attending full-time childcare, tuition-charging preschools, schools or colleges in 2006-2007? \_\_\_\_\_

#### Total taxable income before deductions:

2004

C-4: Salaries and wages for Father, stepfather, or male guardian	\$ _____
C-5: Salaries and wages for Mother, stepmother, or female guardian	\$ _____
C-6: Taxable dividends and/or interest income from 1099 statement(s)	\$ _____
C-7: Alimony received or estimated ( <i>do not include child support</i> )	\$ _____
C-8: Net profit/loss from business ( <i>if loss use parenthesis around figures</i> )	\$ _____
C-9: Other taxable income	\$ _____
C-10: Untaxed portion of payments to IRA	\$ _____
C-11: Keogh plan payments and self-employed SEP deduction	\$ _____
C-12: Other IRS allowable adjustments to taxable income	\$ _____

Do you anticipate any material changes in your 2005 tax status? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and provide 2005 estimates for C-4 through C-22: \_\_\_\_\_

**Total nontaxable income:**

C-13: Child support received for all children \$ \_\_\_\_\_  
C-14: Social security benefits for entire family \$ \_\_\_\_\_  
C-15: Other nontaxable income \$ \_\_\_\_\_  
C-16: IRS total itemized deductions from IRS schedule A \$ \_\_\_\_\_  
C-17: Total federal tax paid (2004 IRS 1040 or 1040A) \$ \_\_\_\_\_  
C-19: Self-employment tax paid \$ \_\_\_\_\_

**Insurance and medical/dental expenses:**

C-20: Total medical/dental expenses not reimbursed by insurance companies \$ \_\_\_\_\_  
C-21: Total paid for medical/dental plans \$ \_\_\_\_\_  
C-22: Unusual expenses \$ \_\_\_\_\_

**D. Family Assets and Debts**

Home (if owned) Year purchased \_\_\_\_\_ Total property insurance carried \$ \_\_\_\_\_  
Purchase Price \$ \_\_\_\_\_ Present market value \$ \_\_\_\_\_  
Unpaid principal on 1st mortgage \$ \_\_\_\_\_  
Annual payments on 1st mortgage \$ \_\_\_\_\_

Do you have a second mortgage or equity loan on the home listed above?  Yes  No

Year of 2nd mortgage \_\_\_\_\_ Year of equity loan \_\_\_\_\_  
Unpaid principal on 2nd mortgage/equity loan(s) \$ \_\_\_\_\_  
Annual payments on 2nd mortgage/equity loan(s) \$ \_\_\_\_\_

All other real estate Year purchased \_\_\_\_\_ Purchase price \$ \_\_\_\_\_  
Total property insurance carried \$ \_\_\_\_\_  
Present market value \$ \_\_\_\_\_  
Unpaid principal on all other Real Estate \$ \_\_\_\_\_  
Annual payments on all other Real Estate \$ \_\_\_\_\_

Bank accounts – total of parents’ checking and savings accounts \$ \_\_\_\_\_

Investments – net value (stocks, bonds, mutual funds, etc).  
Do not include value of pensions, retirement plans, IRA’s, SEP’s, or Keoghs. \$ \_\_\_\_\_

Debts & Loans (automobile and/or credit card) \$ \_\_\_\_\_  
Complete this line only if you own a business.

% of ownership \_\_\_\_\_ Assets \$ \_\_\_\_\_ Debts \$ \_\_\_\_\_

**Parents’ Certification and Authorization**

By signing below, I understand and accept the conditions and terms of this scholarship application. I certify that all information I have provided on this form is true and complete to the best of my knowledge. I authorize the release of information on this application to the scholarship selection committees. If awarded a scholarship, I agree to make all reasonable efforts to meet the expectations Montessori Episcopal School has for all its scholarship recipients and their families.

Father  Stepfather/Male guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother  Stepmother/Female guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_