

# Montessori Episcopal School

Church of the Annunciation  
(972) 221-3533



## Student Financial Aid Application 2011-2012

### 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

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### 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

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### C. Parents' Income and Expense Information

Please submit verification of combined income with copies of W-2 forms.

You may submit a personal statement as to why you need financial aid.

If financial aid is available, you may be asked to provide additional information.

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#### Parents' Certification and Authorization

By signing below, I understand and accept the conditions and terms of this financial aid 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 financial aid selection committees. If awarded financial aid, I agree to make all reasonable efforts to meet the expectations Montessori Episcopal School has for all its financial aid 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: \_\_\_\_\_