



FLATHEAD VALLEY
MONTESSORI ACADEMY

330 N. Somers Road, Kalispell, MT 59901 (406) 857-3303

Confidential Application for Scholarship Aid

Date: _____

Child's Full Name: _____ Birth date: _____

Address: _____

Phone: _____ Email: _____

Father / Guardian	Mother / Guardian
Name: _____	Name: _____
Business / Profession: _____	Business / Profession: _____
Business Address: _____	Business Address: _____
_____	_____
Business Phone: _____	Business Phone: _____
_____	_____
Home Address: _____	Home Address: _____
_____	_____
Home Phone: _____	Home Phone: _____

Dependents

Please list all children in family

Name:	Age:	School/College	Tuition Paid by Parents:	Financial Aid:
1. _____				
2. _____				
3. _____				
4. _____				

Please list others financially dependent on family

Name & Relationship	Age:	Living with family? Yes/No
1. _____		
2. _____		

Financial Information

Monthly Income (Before taxes) Father's Earned Monthly Income: \$ _____ Father's Additional Monthly Income: \$ _____ Mother's Earned Monthly Income: \$ _____ Mother's Additional Monthly Income: \$ _____ Child Support: \$ _____ Other Family Income (Property, savings, etc.): \$ _____ Total Monthly Income: \$ _____		Monthly Expenses Monthly Rent / Mortgage: \$ _____ Utilities: \$ _____ Medical (Not covered by insurance): \$ _____ Insurance (Health, life, Auto): \$ _____ Child Care: \$ _____ Monthly Food cost (not dining out): \$ _____ Charitable Donations: \$ _____ Other (Specify) _____: \$ _____ Other (Specify) _____: \$ _____ Other (Specify) _____: \$ _____ Total Monthly Expenses: \$ _____	
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Please enter the following from your 2007 Federal and State Income Tax Returns:

Adjusted Gross Income: \$ _____
 Total Deductions: \$ _____
 Taxable Income: \$ _____

What do you expect to be the total family income during the current tax year? \$ _____

Merit Information:

Are you a Montessori employee? Yes / No Where? _____

How many years has your child attended a Montessori school? _____

How many children do you have that are currently attending Montessori? _____

Has your child been identified as Gifted and Talented? Yes / No

Please explain: _____

Do you volunteer in your community? Yes /No Hours per Month: _____

Please explain: _____

List the amount of monthly tuition you feel able to pay: \$ _____ (Required)

**Attach an additional sheet to explain special scholarship considerations,
 a copy of your 2007 tax returns and a copy of your rental agreement or mortgage payment stub.**