



2019-2020 Application for Scholarship

Dear Parent/Guardian:

To complete the requirements for applying for the Montessori Scholarship Organization (MSO) Scholarship for 2019-2020, the parent or guardian must provide the following information:

- ❖ **A completed and signed Application**
- ❖ **Income Information Form**
- ❖ **Completed and signed School Participation Form**
- ❖ **Copy of 2018 Arizona State Tax Return Form 140(first two pages)**

Parent Information:

First Name		Last Name	
Home Address			
City	State	Zip	
Phone#	Cell	Home	
Email			

Household Information:

Household Size:
 #Adults _____
 #Children _____

Current Marital/Relationship Status:
 Married Single
 Divorced (no child support)
 Divorced (receive child support)

_____ # of Children in Montessori

Student Information: Please list all students applying for assistance for the 2018-2019 Scholarship Application. Students must be in Kindergarten through 12th grade.

Last Name	First Name	MI	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	Name of School		Grade	

Last Name	First Name	MI	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	Name of School		Grade	

Income Information Form

Montessori Scholarship Organization Scholarship Commitment: For Families who meet Montessori Scholarship Organization 's (MSO) conditions of eligibility (listed below), MSO will pay either 100%, 75%, or 50% of the amount of the student's private school tuition based on financial need, school participation, Montessori experience, and recommendation of the school administrator.

Scholarship Type: (choose one) New Applicant Renewal Application
 (choose one) A B C D

Compare your total gross monthly income with the maximum income for your family size as shown on the table below. These figures are based on the 2019 United States Department of Agriculture Income Eligibility Guidelines.

Scholarship Type	A - 100% Scholarship			B - 75% Scholarship			C - 50% Scholarship			D - 50% Scholarship	
Household Size	Up to 185% of Poverty Level			Up to 225% of Poverty Level			Up to 250% of Poverty Level			Over 250% of Poverty Level & Over 75% Participation	
1	\$0	to	\$1,926.00	\$1,927.00	to	\$2,342.00	\$2,343.00	to	\$2,810.00	\$2,811.00	and up
2	\$0	to	\$2,607.00	\$2,608.00	to	\$3,171.00	\$3,172.00	to	\$3,805.00	\$3,806.00	and up
3	\$0	To	\$3,288.00	\$3,289.00	to	\$3,999.00	\$4,000.00	to	\$4,799.00	\$4,800.00	and up
4	\$0	to	\$3,970.00	\$3,971.00	to	\$4,828.00	\$4,829.00	to	\$5,794.00	\$5,795.00	and up
5	\$0	to	\$4,651.00	\$4,652.00	to	\$5,657.00	\$5,658.00	to	\$6,788.00	\$6,789.00	and up
6	\$0	to	\$5,333.00	\$5,334.00	to	\$6,486.00	\$6,487.00	to	\$7,783.00	\$7,784.00	and up
7	\$0	to	\$6,014.00	\$6,015.00	to	\$7,314.00	\$7,315.00	to	\$8,777.00	\$8,778.00	and up
8	\$0	to	\$6,696.00	\$6,697.00	to	\$8,143.00	\$8,144.00	to	\$9,772.00	\$9,773.00	and up
Each Additional Dependent	\$681.00			\$829.00			\$995.00			\$996.00	and up

Financial Information (Complete if applying for Scholarship Type A, B, and C)

Family Household Income*		Assets (Current Value less liens)		Debt		Expenses (Monthly payments)	
Wages, Tips		Home		Credit Card		Mortgage/Rent	
Alimony		Cars		Car Loans		Utilities/other	
Child Support		Rental Property		Other		Credit Card	
Other						Loans	
Total		Total		Total		Total	

Income Verification - Proof of Income must be attached. Provide copies of your Arizona State Tax Return Form 140 (first two pages only)

Special Circumstance - Has your financial situation recently changed? If so, check all that apply.

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Unexpected change in income | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Had a baby | <input type="checkbox"/> Recently divorced/separated | <input type="checkbox"/> Change in work |
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Change in family living arrangements | <input type="checkbox"/> Other |

Use a separate sheet to explain, if needed.

I certify that the all the information provided above is correct. I understand that all information obtained for scholarship applications will remain personal and confidential.

Parent Printed Name: _____

Parent Signature: _____ **Date:** _____

School Participation Form

This form must be completed by all applicants.

1. Basic Participation

(Must participate in all the items listed below to be eligible)

- I am current on my financial responsibilities to my school
- My child has at least a 90% attendance record
- My child has been in Montessori Education for _____ years.
Date enrolled: _____ Consecutive years _____
- I have observed in my child's class. How many _____
- I have attended Parent/Teacher Conferences.
- I have attended the school sponsored parent night
- I have attended Back to School/Orientation/Meet the Teacher Event

2. I have volunteered in my child's classroom

(Check all boxes that apply- must participate in at least 4 during the year to be eligible)

- Reading with children
- Crafts
- Field trips/Going Out
- Birthday celebrations
- Luncheons
- Holiday Celebrations _____(list celebrations)
- Shared cultural information or Lesson on Professions to class
- Attended school-wide Events : _____(list events)
- Other: _____
(list any other volunteer hours or events you have participated in)

3. Contribution Programs (Check all boxes that apply. Scholarship Type D must check first box.)

(all applicants must participate in at least 2 during the year)

- I have made my personal tax credit donation to MSO this tax year. **(required for applicants of Type D)**
- My family/friends have made MSO tax credit donations this tax year. How many _____ (attach a list of possible contributors to be sure you get full credit for your fundraising efforts)
- I have raised tax credit funds for the past _____ years.
- I have participated in the following school sponsored fundraisers: (list below)
 1. _____
 2. _____
 3. _____

***Any misstatements may be grounds for disqualification of an MSO scholarship.

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____