

Little Laurels Financial Aid Application

Date _____

Family Information:

Name of Student _____

Student Date of Birth ____/____/____

Name of Parents _____

Address _____

City _____ State _____ Zip _____

Phone#s _____

Email _____

Previous School attended _____

Reason for leaving _____

Financial Information:

Please state your combined gross annual income \$ _____

Please state your combined basic expenses for:

Mortgage / Rent _____

Utilities _____

Car Payments _____

Other Loans _____

Credit Cards _____

Insurance _____

Other Expenses _____

Other Expenses _____

What tuition amount would you be able to pay? _____

*Please attach Tax Return Summary for the most recent tax year.

Additional information to help us better understand your situation:

Please provide a summary of why you would like to apply for financial aid for your child's tuition (please include additional information as needed):

Should your family be a new to our school, we will be in touch to discuss next steps in the application process including a new student application, waiting list deposit, morning observation, and more.

This application will be sent to the School Board for review. We will contact you when a decision is made about your application.

Thank you,
Little Laurels Montessori School Board