Alef Bet Montessori School
Application for Financial Aid

If you require financial aid, please complete this application.

Parents:

Name	Address
Phone	Email

Children:

Name	AGE	Date of Birth	Circle Program
			half day full day
			half day full day
			half day full day
			half day full day

What is your total annual household income?

	under $48,000
	$48,001 - $61,000
	$60,001 - $73,000
	$73,001 - $86,000
	$86,001 - $98,000
	$98,001 - $111,000
	$111,001 - $123,000
	over $123,000

How many people are in your household?

2
3
4
5
6
7
8
9 or more

Please attach your 2 most recent pay stubs, or a copy of the first page of your most recent tax return.

Please attach a letter explaining any extenuation circumstances that you would like us to be aware of.

I hereby confirm tha the information stated in this document is accurate.

Parent Signature: _____ Date: _____

Note: ***Families with household incomes at or below 300% of Federal Poverty Guidelines for the school year are eligible for the the MSDE PreK Expansion Grant.***