

# 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?

How many people are in your household?


under \$48,000

2

\$48,001 - \$61,000

3

\$60,001 - \$73,000

4

\$73,001 - \$86,000

5

\$86,001 - \$98,000

6

\$98,001 - \$111,000

7

\$111,001 - \$123,000

8

over \$123,000

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.**