

Alef Bet Montessori School

Application for Financial Aid 2020-2021

If you require financial aid, please complete this application.

Parents:

Name Address

Phone Email

Children:

<u>Name</u>	AGE	<u>Date of Birth</u>	<u>Circle Program</u>
_____		_____	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 \$50,730	2
	\$50,731 - \$63,990	3
	\$63,991 - \$77,250	4
	\$77,251 - \$90,510	5
	\$90,511 - \$103,770	6
	\$103,771 - \$117,030	7
	\$117,031 - \$130,290	8
	\$130,291 - \$134,610	9

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.