

Little Laurels Scholarship 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 a scholarship for your child (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