

Laurel Academy 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_____

You may add additional information to help us to better understand your situation:



*Please attach Tax Return Summary for Tax Year 2015/2016

What tuition amount would you be able to pay?_____

Please give us a summary of why you would like to apply for a scholarship for your child (use back page as needed):

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

