



OPEN MONTESSORI INITIATIVE

SCHOLARSHIP APPLICATION SUMMARY

Name of Child _____ Age _____

Name of School for which you are seeking financial aid _____

Total Tuition _____

Total Tuition Assistance Requested _____

Name of Parent(s) _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Address: _____

City _____ State _____ Zip Code _____

Country _____

E-mail Address _____

Parent(s)'s Occupation _____

Family's Annual Gross Income _____

Signature of Parent

Date

Signature of OMI Executive Director

Date

----- Office Use Only -----

School which applicant seeks financial aid meets OMI criteria (Yes/No) _____

Applicant has submitted complete application packet (at original date of receipt) (Yes/No – action taken, if any) _____

Scholarship Committee's Assessment _____

Amount Granted _____

Application Fee Received (Yes/No) _____



OPEN MONTESSORI INITIATIVE

SCHOLARSHIP APPLICATION

FINANCIAL AID SCHOLARSHIP INFORMATION, APPLICATION POLICY, AND CRITERIA

Open Montessori Initiative (OMI) was created in June 2007 to provide financial aid scholarships to families in the Montessori community. The purpose of the financial aid scholarship program is to:

1. Maintain current families in the Montessori school community who have demonstrated a commitment to the Montessori Approach.
2. Encourage new families to attend Montessori schools, bringing gender and age balance to the growing community.
3. Promote demographic, socio-economic, and geographic diversity within the Montessori community.

Financial aid awards are based on demonstrated need and fulfillment of the purpose of the scholarship program. The eligibility for financial aid is based on eligibility of the school, acceptance of enrollment to applied school, and a needs analysis of the information concerning taxable income, assets, and expenses indicated on a completed standard application form.

It is OMI's intention to help supplement a child's tuition, not be the sole source of funding for a child. Our policy allows for a maximum grant of \$2500.00 per student, though this amount is not guaranteed and may be less dependent upon the number of applicants for the current award cycle and the funds available. OMI exists to work with families who desire a Montessori education for their children and are looking for funding to attend Montessori schools.

PROCEDURE

Each applicant must submit the required financial information to be processed through the School and Student Service for Financial Aid (SSS). The SSS is the best-known and most widely-used tool for schools and organizations that offer and manage financial aid programs equitably and professionally. Because the demand for financial aid by qualified applicants often exceeds available funds, the OMI Scholarship Committee determines the percentage of need which will be granted based on the recommendations from the School and Student Service for Financial Aid (SSS). SSS is a division of the National Association of Independent Schools (NAIS). It provides administrators with an objective assessment of what families can pay for independent education.

You must include our SSS Code (4926) on your application at their website: <https://sss.ets.org/> or your application information will not be sent to us. Each application requires a \$25.00 application fee payable to the School and Student Service for Financial Aid.

Since the determination of the award is based on the analysis of the information submitted concerning the family's ability to pay school fees, it is important to have the current and accurate information about the family's income and assets. This information is kept in the strictest confidence and is reviewed by OMI's accountant and the Scholarship Committee only.

CLIENT ID NUMBER: _____

CONFIDENTIAL

DATE APPLICATION RECEIVED: _____

Any information submitted for consideration can be returned to you upon request to the committee. If parents are separated or divorced, it is important that both parties submit a financial statement. Generally, it is expected that both parents will contribute to their child's educational expenses.

Application forms for financial aid scholarships are received, processed, and approved according to the current award cycle, receipt of complete application, and availability of funds. We anticipate sending letters awarding scholarships within six to eight weeks of the February 1st deadline and the July 1st deadline though this timeframe is not guaranteed due to any current or future unforeseen circumstances.

A \$15.00 per child application fee* payable to Open Montessori Initiative must accompany the following application. Only one child per application.

* The \$15 application fee is non-refundable.

OMI GRANT SCHEDULE

First Cycle -

Applications accepted until close of business (5:00 pm PST) on February 1st

Second Cycle –

Applications accepted until close of business (5:00 pm PST) on July 1st

At this time, OMI is only receiving application mailed via USPS since UPS and FedEx will not deliver to a Post Office Box. We do not accept electronic or faxed applications at this time.

OMI will not award scholarships outside the designated award cycle. Once a scholarship cycle deadline has passed, all applications will be applied towards the next scholarship cycle. No interim scholarships will be awarded.

If you have any questions about this process, please contact the Executive Director of OMI at scholarships@montessori-omi.org or www.montessori-omi.org.

CLIENT ID NUMBER: _____
DATE APPLICATION RECEIVED: _____

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APPLICATION FOR FINANCIAL AID

(Please fill this application in blue or black ink, or typed.)

The information collected on this application is confidential and will not be made available to anyone who is not directly involved in the determination of financial aid. OMI strives to provide scholarships to individuals attending Montessori schools which provide a sound education to all children based on the founding principle of the Montessori Approach set forth by Dr. Montessori. It is a goal of OMI to encourage growth within a community that strives to mirror the rich diversity of economic and social classes, racial and ethnic heritages, religious beliefs and family structures found in the larger society.

PARENT/GUARDIAN #1 *

NAME _____ AGE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMPLOYED BY _____ YEARS EMPLOYED _____

PARENT/GUARDIAN #2 *

NAME _____ AGE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
EMPLOYED BY _____ YEARS EMPLOYED _____

*If the parents or guardians are separated, divorced, or unusual circumstances apply, please explain them on the last page under "Unusual Circumstances." If separated or divorced, please give name of the guardian who claimed the student(s) as a tax dependant. Indicate whether there is an agreement specifying a contribution for the student's educational expense and if yes, indicate how much.

CHILD APPLYING FOR SCHOLARSHIP

NAME	AGE	GRADE LEVEL	1ST ENROLLED
_____	_____	_____	_____

Your child's previous school experiences (please detail schools and years attended as well as curriculum style):

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Please indicate your request/needs:

Is there anything you think the Scholarship Committee should know in consideration of your application?
(Feel free to attach a separate sheet of paper if necessary):

PARENTS' INCOME AND EXPENSE INFORMATION

The following figures should be taken from your most recent Federal Income Tax (form 1040) return for the year prior to current enrollment. (For example, if you are applying for the 2010-2011 school year, you will use the information from your 2009 Federal Income Tax return (form 1040). This information will be your "Actual" information. You will estimate the amounts filed for the coming tax year (2010), this will be your "Estimated" information.)

Basic Tax Status

The information on this form is from a 2009 tax return that is: Completed Estimated

Income tax filing status for:

(2008) 1. Single 2. Married, joint return 3. Married, filing separately 4. Head of household 5. Do not file

(2009) 1. Single 2. Married, joint return 3. Married, filing separately 4. Head of household 5. Do not file

How many federal income tax exemptions did you or will you claim for 2009? _____

How many children, including the student applicant(s), are receiving support from you in 2010? _____

How many children will be attending full-time child care, tuition-charging preschools, or schools in 2010-11?

1. TOTAL TAXABLE INCOME BEFORE DEDUCTIONS (Please submit full US dollar amount, for example, \$64250.00)

	Actual (2009)	Estimated (2010)
a. Salary & Wages of Guardian # 1	\$ _____	\$ _____
b. Salary & Wages of Guardian # 2	\$ _____	\$ _____
c. Dividends and/or interest income from 1099 statements	\$ _____	\$ _____

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d. Alimony received (do not include child support)	\$ _____	\$ _____
e. Net Profit/Loss from a business & /or farm (if loss, please use parentheses around figures)	\$ _____	\$ _____
f. Other taxable income	\$ _____	\$ _____
g. Untaxed portion of payments to IRA	\$ _____	\$ _____
h. Keogh plan payments and self-employed SEP deduction	\$ _____	\$ _____
i. Other IRS allowable adjustments to taxable income	\$ _____	\$ _____
2. TOTAL ADJUSTMENTS TO INCOME	\$ _____	\$ _____
3. TOTAL TAXABLE INCOME	\$ _____	\$ _____
4. TOTAL NON-TAXABLE INCOME	\$ _____	\$ _____
a. Child support received	\$ _____	\$ _____
b. Social security benefits for family	\$ _____	\$ _____
c. Other non-taxable income (itemize under 'Unusual Circumstances')	\$ _____	\$ _____
d. IRS total itemized deductions from IRS schedule A	\$ _____	
e. Total Federal tax paid (2008 IRS 1040 or 1040A)	\$ _____	
f. Self employment tax paid	\$ _____	
5. TOTAL ITEMIZED DEDUCTIONS	\$ _____	\$ _____
6. TOTAL MEDICAL & DENTAL EXPENSES NOT COVERED BY INSTURANCES	\$ _____	\$ _____
7. UNUSUAL EXPENSES (see list of acceptable and non-acceptable expenses in the instructions.)	\$ _____	\$ _____

ASSETS AND LIABILITIES (Please submit full US dollar amount, for example, \$64250.00)

HOME (if owned)

Year Purchased _____

Price Purchased \$ _____

Present Market Value \$ _____

Unpaid Principle on Mortgage \$ _____

Annual payment on mortgage \$ _____

Do you have a second mortgage or equity loan on the home listed above?

Yes No

Year of 2nd Mortgage _____

Present Market Value \$ _____

Unpaid Principle on 2nd Mortgage \$ _____

Annual payment on 2nd mortgage \$ _____

1. OTHER REAL ESTATE

Year Purchased _____

Price Purchased \$ _____

Present Market Value \$ _____

Unpaid Principle on Mortgage \$ _____

Annual payment on mortgage \$ _____

2. BANK ACCOUNTS (total of parents' checking and savings, interest bearing and non-interest bearing)

Checking \$ _____

Savings \$ _____

VALUE OF OTHER INVESTMENTS (net value (stocks, bonds, mutual funds, etc.—see instructions). Do not include value of pensions, retirement plans, IRA's, SEP's, or Keoghs.)

\$ _____

1. INDEBTEDNESS

\$ _____

a. Amount in 1 above to be paid during 2009

\$ _____

1. Consumer Debt

\$ _____

2. BUSINESS/FARM ASSETS (If you own a business or farm, do not include residence which should be included in "Home". Net profit or loss should be entered in the "Income and Expense" section.)

Percentage of ownership _____%

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Assets \$ _____
Debts \$ _____

3. ASSETS BELONGING TO THE STUDENT(S) (Include inheritances, savings, trust funds, stocks & bonds, real estate & cash value of annuities or educational insurance policies. Do not include personal property.)

Item: _____ \$ _____
Item: _____ \$ _____
Item: _____ \$ _____
Item: _____ \$ _____

FAMILY EXPENSES AND ADDITIONAL INFORMATION (Please submit full US dollar amount, for example, \$64250.00)

1. How much can you afford for educational expenses for the 2010–11 academic year? **Do not leave blank.** \$ _____

- | | Actual (2009) | Estimated (2010) |
|---|------------------------------|-----------------------------|
| If you do not own your home and rent your family residence, provide total amount of annual rent you paid for 2009 and what you estimate for 2010 | \$ _____ | \$ _____ |
| 2. Is there an employee retirement plan for parent, stepparent, or guardian? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Total employment-related child care expenses in 2009 | \$ _____ | |
| 4. Face value of parents' life insurance policies | \$ _____ | |
| <input type="checkbox"/> Term Life <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Single Premium Life | | |
| 5. Annual cost of clubs requiring dues over \$250 in 2009 | \$ _____ | |
| 6. Costs of camps and lessons in 2009 | \$ _____ | |
| 7. Costs of vacations in 2009 | \$ _____ | |
| 8. Indicate student applicant earnings for calendar year | \$ _____ | \$ _____ |
| 9. Complete these items only if student applicants' parents are separated, divorced, or have never been married. | | |
| <input type="checkbox"/> Divorced <input type="checkbox"/> Separated, no court action <input type="checkbox"/> Legally separated <input type="checkbox"/> Never married | | |
| a. Year of divorce or separation | _____ | |
| b. Is there a joint custody agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Other parent's information: | | |

Full Name _____

Home Address _____

City _____ State _____ Zip Code _____

CLIENT ID NUMBER: _____

DATE APPLICATION RECEIVED: _____

Telephone: _____ Cell Phone _____ Work Phone _____

Occupation _____ Employed by _____

Years employed by company _____

UNUSUAL CIRCUMSTANCES

Use this space to explain any unusual circumstances or expenses. Please be as brief as possible.

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We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. We recognize that intentionally providing false or inaccurate data may impact our ability to receive a scholarship and/or our ability to apply for future scholarships with the Open Montessori Initiative. We authorize transmittal of this form and the information within it to the Open Montessori Initiative and its use by the School and Student Service for Financial Aid (SSS) and its third party service providers. The SSS, its third party service providers, and any of the schools and organizations designated by us to receive copies of this information have our permission to verify the information reported and we understand and agree that this verification may include the disclosure of personal and financial information, such as an official copy of our latest income tax return and/or a signed IRS Form 4506.

If you do not agree to the above, please do not submit your application.

Guardian # 1 Signature Date

Guardian # 1 Signature Date

Please return this application with a copy of you letter of acceptance to the school for which you are applying for financial aid. Mail to:

**Open Montessori Initiative
PO Box 88, Molalla, Oregon USA
ATTN: Scholarship Committee**

Application forms for financial aid scholarships are received at an ongoing basis but processed and approved according to the current award cycle, receipt of complete application, and availability of funds. We anticipate sending letters awarding scholarships within six to eight weeks of the February 1st deadline and the July 1st deadline though this is not timeframe is not guaranteed due to any current or future unforeseen circumstances.

Application Checklist

(Revised October 2009)

Check each box to finish your application and compile in the order below. Send this completed Checklist with your filled-in application. If you have not included all the items below, your application may be considered incomplete and denied. Applications and application fees will not be returned.

Name of Applicant: _____

Cycle to which you are applying _____

Check each box and assemble the application and materials in this order to ensure a complete application packet.

- \$15.00 Application Fee payable to 'Open Montessori Initiative' *
- Application Checklist (page 11)
- Complete and signed application summary form (page 1)
- Complete and signed application form (pages 4 through 10)
- Copy of letter of acceptance from school for which you are seeking financial aid (provided by the school on official school letterhead)
- Photocopy of IRS Form 1040
- Receipt of payment for completed PFS form from the School and Student Service for Financial Aid (SSS)

* The \$15 application fee is non-refundable.

Any application missing any of the information above may be considered incomplete and denied. All applications must be received by the deadline for the current cycle in order to be considered.