

# HUDSON COUNTRY MONTESSORI SCHOOL

## STUDENT AID FORM

Please check appropriate campus:

Danbury, CT \_\_\_\_\_  
Phone: (203) 744-8088

New Rochelle, NY \_\_\_\_\_  
Phone: (914) 636-6202

### TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

1. Detailed copies of all pages and Schedules of your Federal Income Tax Return Form 1040, 1040A or 1040EZ (**as filed with the IRS**) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule A, C, E, or F, you must provide copies. If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all W-2 Wage and Tax Statement Forms (**Please make sure all documentation is copied on regular 8.5 x 11 paper**).
3. Documentation of TOTAL AMOUNTS received for all Non-Taxable Income (see Section G for specific requirements).
4. This application filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Sections A and B.

**Important: If the above items do not accompany this application, your application will not be considered complete.**

**KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.**

# STUDENT AID FORM

Important: Print clearly and neatly with a ball point pen

## A PARENT, GUARDIAN or OTHER ADULT

_____		
Last Name	First Name	MI
_____ - _____ - _____	( ) _____	
Social Security #	(Area Code) Home Number	
_____		
Address	Apt #	
_____		
City	State	Zip
( ) _____	_____	
(Area Code) Work Phone	Email Address	
_____		
Employed By		

## B PARENT, GUARDIAN or OTHER ADULT

_____		
Last Name	First Name	MI
_____ - _____ - _____	( ) _____	
Social Security #	(Area Code) Home Number	
_____		
Address	Apt #	
_____		
City	State	Zip
( ) _____	_____	
(Area Code) Work Phone	Email Address	
_____		
Employed By		

## C DEPENDENTS (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging school: daycare, Pre-K, elementary school, secondary school or college in the fall of \_\_\_\_\_

Dependent Last Name	Dependent First Name	MI	Age	Name of School	Grade in the fall	Applying for Aid Yes/No

## D HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the school year: Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other\* \_\_\_\_\_

\*Please explain relationship to Parent \_\_\_\_\_

2. Current marital status/housing arrangement of Parent/Guardian A:

a) Single, Never Married\* b) Married c) Widowed ) Divorced\* e) Remarried\* f) Separated\* g) Residing w/Significant Other h) Other \_\_\_\_\_

\*If Divorced, Remarried, Separated or Single, please complete section E

# E DIVORCED, SEPARATED OR SINGLE PARENTS (TO BE COMPLETED BY PARENT OR GUARDIAN LISTED IN SECTION A)

1. Date of Separation (Month/Year) \_\_\_\_\_ 5. Who claimed student as a tax dependent for submitted tax year \_\_\_\_\_
2. Date of Divorce (Month/Year) \_\_\_\_\_ 6. Who is responsible for the tuition for the dependent(s) listed in Section C?
3. Non-Custodial Parent \_\_\_\_\_
- |                 |                  |          |                           |
|-----------------|------------------|----------|---------------------------|
| Last Name _____ | First Name _____ | MI _____ | Father _____ % Name _____ |
|                 |                  |          | Mother _____ % Name _____ |
|                 |                  |          | Other _____ % Name _____  |
4. Do you receive or pay child support? Receive: \$ \_\_\_\_\_ per year  
Pay \$ \_\_\_\_\_ per year

## F NON-TAXABLE INCOME

List the total amount received for all recipients in household.

7. Child Support \$ \_\_\_\_\_
8. Cash Assistance \$ \_\_\_\_\_
9. Food Stamps \$ \_\_\_\_\_
10. Social Security Income (SSI/SSD, etc.) \$ \_\_\_\_\_  
(Provide documentation for all recipients in household)
11. Student Loans and/or Grants received for PARENTS education \$ \_\_\_\_\_  
(Not college attending dependents or students listed in section C)
- a. total received for submitted tax year \$ \_\_\_\_\_
- b. total used for household expenses \$ \_\_\_\_\_
12. Housing Assistance (Sec. 8, HUD, Parsonage, etc.) \$ \_\_\_\_\_
13. Other non-taxable income (Worker's Comp., Disability Pension/Retirement, etc. (Identify source(s) in J) \$ \_\_\_\_\_
14. Loans/Gifts from friends or relatives \$ \_\_\_\_\_
15. Personal Savings/Investment Accounts used for household expenses \$ \_\_\_\_\_
16. Total non-taxable income for submitted year \$ \_\_\_\_\_

## H ASSETS AND INVESTMENTS

(as of 12/31 of submitted year)

20. Total amount in cash, checking and savings accounts \$ \_\_\_\_\_
21. Total value of money market funds, mutual funds stocks, bonds, CDs, or other securities \$ \_\_\_\_\_
22. Total value of IRA, Keogh, 401K, SEP or other retirement accounts \$ \_\_\_\_\_
23. If you own real estate other than your primary residence
- a. What is the fair market value? \$ \_\_\_\_\_
- b. What is the amount still owed? \$ \_\_\_\_\_
24. Do you own a business Yes No
- a. What is the fair market value? \$ \_\_\_\_\_
- b. What is the amount still owed? \$ \_\_\_\_\_
25. Do you own a farm Yes No
- a. What is the fair market value? \$ \_\_\_\_\_
- b. What is the amount still owed? \$ \_\_\_\_\_

## G HOUSING INFORMATION (DO NOT LEAVE BLANK)

17. Do you rent or own your residence: Rent Own (go to line 19)
18. If renting, what is the monthly rental payment? \$ \_\_\_\_\_
- a. Amount paid by household \$ \_\_\_\_\_
- b. Amount paid by other source(s) \$ \_\_\_\_\_
19. If you own your residence:
- a. What is the current market value? \$ \_\_\_\_\_
- b. What is the amount still owed, including home equity loans? \$ \_\_\_\_\_
- c. What is the monthly mortgage payment? \$ \_\_\_\_\_

## I UNUSUAL CIRCUMSTANCES

Circle all that apply to your situation

- |                                |                       |
|--------------------------------|-----------------------|
| Loss of job                    | Death in the family   |
| Recent separation or divorce   | Shared custody        |
| Change in family living status | Change in work status |
| Child support reduction        | Bankruptcy            |
| Medical/Dental expenses        | College expenses      |
| Shared tuition                 | Income reduction      |
| Other                          | Illness or injury     |

Explain in Section J below

## J EXPLANATIONS: (USE THIS SPACE TO EXPLAIN ANY ANSWERS WHICH MAY NEED CLARIFICATION)

## J EXPLANATIONS: (Continued)

## K SCHOOL INVOLVEMENT/COMMITMENT

1. In what way(s) have you contributed time or talent to the school community in the past 12 months?

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2. In what way(s) are you willing to contribute time or talent to the school community in the coming 12 months?

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3. In what way(s) have you actively participated in the school community events in the past 12 months (i.e. Harvest Festival, Autumn Community Meetings, Family Nights, etc.)

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4. How much do you feel you can contribute to tuition? \$ \_\_\_\_\_

5. How much do you feel you need in assistance? \$ \_\_\_\_\_

## L CERTIFICATION, AUTHORIZATION AND DOCUMENTATION CHECKLIST

### IF YOU FILED IRS FORM 1040:

A complete photocopy of your Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules), W-2 Forms, 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).

### IF YOU HAVE NOT YET FILED IRS FORM 1040:

A complete photocopy of your most recent Form 1040, 1040A, or 1040Z (as filed with the IRS, with all schedules and forms).  
**If this application is submitted after April 15<sup>th</sup>, you must provide a copy of the Extension for Filing Request as approved by the IRS and copy of your last filed tax return**

### IF YOU DO NOT FILE FORM 1040 AND RECEIVE ONLY NON- TAXABLE INCOME:

Photocopies of your YEAR-END Social Services statement (TANF, etc.) Food Stamp documentation, Housing Assistance documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing TOTAL AMOUNT receive for ALL members of the household.

### Sign Here

I/we declare that the information on this form is true, correct and complete to the best of our knowledge.

Parent/Guardian A: \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian B: \_\_\_\_\_ Date \_\_\_\_\_