



Building the foundations for a lifetime of learning.

THE FINANCIAL AID PROCESS

We believe Montessori education should be available to all children, regardless of their families' income. Hawaii Montessori Schools is able to offer financial aid through grants from the McNerny Foundation, G.N., Wilcox Foundation, Samuel N. & Mary Castle Foundation and parent/school fundraising. Our resources are limited, however, and we will distribute available funds on a sliding scale and a first come basis. The time and energy that parents contribute is a key factor in making our fund-raisers successful and financial aid possible.

FAMILY SIZE	INCOME LEVEL AT OR BELOW			
2	\$36,860	\$41,640	\$46,420	\$51,200
3	\$46,380	\$51,160	\$55,940	\$60,720
4	\$55,900	\$60,680	\$65,460	\$70,240
5	\$65,400	\$70,200	\$74,980	\$79,460
6	\$74,940	\$79,720	\$84,500	\$89,280
DISCOUNT	20%	15%	10%	5%
<ul style="list-style-type: none"> •Only available for SCHOOL DAY PROGRAMS OR LONGER per year. •Financial aid applications are available upon request. 				<ul style="list-style-type: none"> •Aid is based upon financial eligibility and the availability of funds.

In accordance with state and federal laws, each applicant is considered without discrimination based on race, sex, age, religion, color, ancestry, disability, citizenship, national origin, veteran status, marital status or sexual orientation.

ADDITIONAL TUITION ASSISTANCE

Additional tuition assistance may be available through state funding. Call the following offices for more information:

<u>Organization</u>	<u>Phone Number</u>
Child Care Connection – Arbor	Kona: (808) 334-6100 Hilo: (808) 961-6807 ext. 106
Preschool Open Doors	(800) 746-5620
First To Work	(808) 327-4763
Pauahi Keiki Scholars	(808) 534-8080





FINANCIAL AID APPLICATION

CONFIDENTIAL APPLICATION FOR SCHOOL TUITION ASSISTANCE

STUDENT

Child's Name *First/Last*

Birth Date

APPLICANT(S)

Parent/guardian—list both parents if in home.

Name *First/Last*

Relationship to Child

Name *First/Last*

Relationship to Child

Home Address

Mailing Address

Home Phone

Other Phone

Email

Legal Custody of Child

HOUSEHOLD INFORMATION

<i>Full Name of all Persons Living in Household</i>	<i>Age</i>	<i>Social Security #</i>	<i>Relationship to Applicant</i>	<i>In family Unit?</i>
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Total Persons in Household

Total Persons in Family Unit

•*Household* includes all persons living in the residence (siblings, grandparents, etc.)

•*Family Unit* for the child listed at the top of this application includes adults living in the household who share responsibility for the support of the child, and other dependents living in the household who are supported by those adults.





FINANCIAL AID APPLICATION

FAMILY INCOME

List the monthly income for all adults in your family unit who are responsible for supporting the child.

Source of Income	Parent #1	Parent #2	Other Adult	Other Adult
Wages/Salary <i>Before Deductions</i>				
Net Income <i>From Self Employment</i>				
Welfare, Unemployment, or Disability				
Social Security, SSI, Pensions, Retirement, Trusts, Veteran Benefits, Military Allowances				
Interest Income, Interest from Real Property				
Child Support, Alimony				
Scholarships, Grants, Student Loans				
Child Care Assistance <i>From:</i>				
Other Income				
TOTAL INCOME FOR EACH PERSON				

<i>Total family monthly income (before taxes)</i>		<i>Do you receive housing assistance?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Do you receive assistance from the Department of Human Services?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, how much do you receive per month?</i>	
<i>Check all that apply</i>	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Other <input type="checkbox"/> Medicaid	<i>How much is your monthly rent or mortgage payment?</i>	

WORK STATUS INFORMATION

Please specify a work status for all adults in the family unit.

Name of Adult in Family Unit	Work status code (see below)	Name of employer/ training program	Address of employer/ training program	Hours per week/ number of credits

WF *Employed Full Time*
EF *Employed Part Time*

SF *School/Job Training Program Full Time*
JP *School/Job Training*

L *Actively Looking for Work*
O *Other (please specify)*





CHECKLIST OF ELIGIBILITY VERIFICATION

Use this checklist to be sure that you have attached the required documents to your application.

• **At least one document for sections 1, 2, 3, and 4 is required to verify your eligibility.**

• Need for documents for sections 5 and 6 will depend upon your family situation.

• All documents and information will be kept confidential.

• Please attach photocopies of these documents to your application, as they will not be returned to you.

<i>Required Verification</i>	<i>Document Attached</i>	
1 ADDRESS VERIFICATION <i>Rent receipt, utility bill, letter from landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 AGE OF CHILD <i>Birth certificate or hospital certificate.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 RESPONSIBILITY FOR SUPPORT OF THE CHILD <i>Income tax returns, custody papers, legal guardianship papers, medical insurance records, etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 INCOME AND EMPLOYMENT STATUS VERIFICATION <i>Income tax returns, pay stubs for all employed adults (3 months), letter from employer stating amount of wages or salary, documents showing other income (rental receipts, interest income, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 EDUCATION/TRAINING VERIFICATION <i>Registration form for education/training program.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 ACTIVE SEARCH FOR WORK VERIFICATION <i>Statement of registration at State Employment Office.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CERTIFICATION OF INFORMATION AND AUTHORIZATION FOR VERIFICATION PURPOSES

I certify that the preceding information is correct to the best of my knowledge and that all income is reported. I understand that this information is being given for receipt of HMI financial aid and that deliberate misrepresentation of the information may subject me to termination from the program. I agree to furnish proof as required, and I hereby authorize Hawai'i Montessori, Inc to contact the appropriate parties to verify this information.

Signature of Applicant(s)

Date

Print Name(s)

