| Brighton MontessoriFinancial aid Application | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | |
| Student’s Name(s): | | | | | | |
| Parent/Guardian Name: | | | | | | |
| Date of birth: | | SSN: | | | Phone: | |
| Current address: | | | | | | |
| City: | | State: | | | ZIP Code: | |
| Own Rent (Please circle) | | Monthly payment or rent: | | | | How long? |
| Previous address: | | | | | | |
| City: | | State: | | | ZIP Code: | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | | | How long? |
| Employment Information | | | | | | |
| Current employer: | | | | | | |
| Employer address: | | | | | | How long? |
| Phone: | E-mail: | | | | Fax: | |
| City: | | State: | | | ZIP Code: | |
| Position: | | Hourly Salary (Please circle) | | | Annual income: | |
| Previous employer: | | | | | | |
| Address: | | | | | | How long? |
| Phone: | E-mail: | | | | Fax: | |
| City: | | State: | | | ZIP Code: | |
| Position: | | Hourly Salary (Please circle) | | | Annual income: | |
| Name of a relative not residing with you: | | | | | | |
| Address: | | | | | | Phone: |
| City: | | State: | | | | ZIP Code: |
| Relationship: | | | | | | |
| Co-Applicant Information | | | | | | |
| Parent/Guardian Name: | | | | | | |
| Date of birth: | | SSN: | | | Phone: | |
| Current address: | | | | | | |
| City: | | State: | | | ZIP Code: | |
| Own Rent (Please circle) | | Monthly payment or rent: | | | | How long? |
| Previous address: | | | | | | |
| City: | | State: | | | ZIP Code: | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | | | How long? |
| Employment Information | | | | | | |
| Current employer: | | | | | | |
| Employer address: | | | | | | How long? |
| Phone: | E-mail: | | | | Fax: | |
| City: | | State: | | | ZIP Code: | |
| Position: | | Hourly Salary (Please circle) | | | Annual income: | |
| Previous employer: | | | | | | |
| Address: | | | | | | |
| Phone: | E-mail: | | | | Fax: | |
| City: | | State: | | | ZIP Code: | |
| Position: | | Hourly Salary (Please circle) | | | Annual income: | |
| Application Information Continued | | | | | | |
| Name of a relative not residing with you: | | | | | | |
| Address: | | | | | | Phone: |
| City: | | State: | | | | ZIP Code: |
| Relationship: | | | | | | |
| Credit Cards | | | | | | |
|  | |  | Current balance | Monthly payment | | |
| Credit Card 1: | |  |  |  | | |
| Credit Card 2: | |  |  |  | | |
| Credit Card 3: | |  |  |  | | |
| Credit Card 4: | |  |  |  | | |
| Mortgage or Rent | | | | | | |
|  | | Monthly Payment | | | | |
| Property 1: | |  | | | | |
| Property 2: | |  | | | | |
| Auto Loans | | | | | | |
| Auto loans | |  | Balance | Monthly payment | | |
|  | |  |  |  | | |
|  | |  |  |  | | |
|  | |  |  |  | | |
| Other Loans, Debts, or Obligations | | | | | | |
| Description | |  | Amount | | | |
|  | |  |  | | | |
|  | |  |  | | | |
|  | |  |  | | | |
| Other Assets or Sources of Income | | | | | | |
| Description | | | Amount per month or value | | | |
|  | | |  | | | |
|  | | |  | | | |
| I authorize Brighton Montessori to verify the information provided on this form as to my credit and employment history and understand that financial aid is awarded on a first come basis and based on financial need. Financial aid is offered without regard to race, color, religion, sexual orientation or ethnic origin. Applying for financial aid does not influence the decision to admit a child to our school. | | | | | | |
| Signature of applicant | | | | Date | | |
| Signature of co-applicant | | | | Date | | |