

FINANCIAL AID APPLICATION INSTRUCTIONS AND CONFIDENTIALITY POLICY:

Gloucester Montessori School is committed to providing financial aid to support working families. All parents/guardians of the child must be working to be eligible. The Financial Aid committee consisting of the Finance Director and Treasurer to the Board determines the amount of aid to be offered in the form of a direct tuition reduction.

WHAT ARE FEDERAL POVERTY GUIDELINES LEVELS?

The Federal Poverty Guidelines are federally set "poverty lines" that indicate the minimum amount of annual income that an individual / family needs to pay for essentials, such as housing, utilities, clothing, food, and transportation. These guidelines, also called Federal Poverty Levels (FPLs), are based on the size of a household and the state in which one resides. FPLs are the same in 48 of the 50 states. The two exceptions are Alaska and Hawaii, which have higher Federal Poverty Levels due to the higher cost of living. As an example, in 2022, the annual FPL for an individual in Alaska is \$16,990, in Hawaii it is \$15,630, and in the remainder of the states it is \$13,590.

Many state and federal programs, and even some local ones, use FPLs to determine income eligibility for program benefits. Some examples of programs that use FPLs include Medicaid, the Low-Income Home Energy Assistance Program (LIHEAP), Weatherization Assistance for Low-Income Persons, and the Supplemental Nutrition Assistance Program (SNAP). The exact percentage of the FPL used for eligibility purposes varies based on the program and the state. For example, many states use 138% of the FPL for Medicaid eligibility.

The Federal Poverty Guidelines are updated each year, generally in mid-late January, by the Department of Health and Human Services (HHS).

We use the information on these forms solely to determine your eligibility for financial aid and will keep it strictly confidential, with only the Board Treasurer seeing this completed form. An anonymous report will be prepared for the finance committee, with all identifying information removed. The finance



committee reviews each anonymous application and determines financial aid awards. Announcements of awards and terms are sent out via email.

PLEASE NOTE:

- Families are required to reapply for financial aid annually, with new application forms and documentation.
- Please provide your *gross* income and expense information as *monthly* amounts.
- Please submit only the financial information and documentation requested by the form. We may request additional written information or clarification to share with the finance committee.
- If your situation has changed after applying and you can provide accompanying documentation to that effect, you may appeal the committee's decision by reapplying in full.

If you have any questions or concerns, please contact:

Jessica Lawson Treasurer, Gloucester Montessori School Board of Directors (cell) 570-647-5679 (email) jlenz614@gmail.com



DOCUMENTATION CHECKLIST:

Please submit both a completed form and the following documents:

- ✓ Your most recent tax return including W-2's, 1099s, and relevant schedules
- ✓ The two most recent pay stubs for each employed parent or guardian
- ✓ If self-employed, documentation of regular income and your most recent application for any credit, loans, and/or other funding
- ✓ If a student, a copy of your current schedule and planned fall schedule, a description of your degree/field, your expected date of graduation and employment
- ✓ Documentation of all other forms of income (including student loans, family assistance, child support, employer contributions, etc.

If your situation is characterized by unique or temporary financial situations, selfemployment or business income, or other unusual details, you are also encouraged to provide additional information you wish the financial aid committee to consider.

SIGNATURE CERTIFICATION:

We declare that the information provided on this form is, to the best of our knowledge, true, complete, and accurate. We agree to inform the school if our income increases or our expenses decrease by more than 5% at any time from the present through the duration of the period covered by any financial aid award.

Signed:		Date:	_
	Parent/Guardian 1		
Signed:		Date:	
O	Parent/Guardian 2		



FAMILY INFORMATION

	Parent/Guardian 1	Parent/Guardian 2	
Name			
Street Address			
City and State			
Home Phone			
Cell Phone			
Email Address			
Marital Status			
Occupation/Position			
Hours			
Worked/Week			
Place of Employment			
Business Address			
City and State			
Work Phone			

^{**}If parents do not live together and share financial obligations, describe details of that support in an anonymous cover letter.

Please list all children, from oldest to youngest, including the child/children for whom you are requesting aid. Include children who do not live at home with you.

	Child 1	Child 2	Child 3
Name			
Date of Birth			
Present Grade			
Present Tuition			
Present School			
School Next Year			
Residence			

^{**}If you provide support for other individuals, describe detailed information of that support in an anonymous cover letter.



FINANCIAL INFORMATION

Gross (Before Taxes) Monthly Income

	Parent/Guardian 1	Parent/Guardian 2
Wages, salaries,		
bonuses, commissions		
Student loan income		
(not used for tuition)		
Aid/Assistance from		
family members		
Aid/Assistance from		
other sources		
Business Income		
Other Contributor(s)		

^{**}Other Contributor(s) = individuals who live at your home and share expenses.

Dividends, inheritance,	
other accounts, etc.	
Real estate & rental income	
Income from alimony/child	
support	
Social Security, unemploy-	
ment, disability income	
Public assistance (including	
food stamps)	
Total Individual Monthly	
Income	

Fotal combined monthly income of all contributor	S

^{**}All businesses and business income must be described in detail in a cover letter.



Monthly Living Expenses

Monuny Living Expenses	
Rent or mortgage payment (include	
insurance & property taxes	
Household utilities (heating,	
electricity, gas, phone, water	
Household maintenance and repair	
Food	
Clothing	
Auto payments, insurance, and taxes	
Student loan payments	
Out-of-pocket medical & dental	
expenses including insurance	
premium	
Children's tuition and school	
expenses other than GMS	
Credit Card payments	
Total monthly expenses	
Subtract monthly expenses from	
monthly income	

^{**}If expenses exceed income, please explain in a cover letter.



Current Assets	;			
Current balance	in all bank ac	ccounts:		
Savings:		\$		
Checking:		\$		
Certificates of D	eposit:	\$		
Retirement, 401	lk, 403b, etc.	\$		
Current value o				
If you own your	home: year o	f purchase _	& price paid	
Present market	value of your		\$	
Principal still ov	wed on your h	ome	\$	
			d or vacation home? Yes / No	
	her than primary	y family residen	nce must be described in detail in a	
cover letter.	1		φ.	
Market value of				
		it-of-home bi	usiness or work as a	
consultant? Yes	•	منائمها معانية	a a a a a a a a a a a a a a a a a a a	
**All business asset				
	ssets of willer	i you or your	r children are beneficiaries	
\$				
Automobiles:	Make	Year	Market Value	
	Make	Year	Market Value	
Other Assets:			\$	
			\$	
			\$	
Total Value of A			_	
\$				