

Caspari Montessori Institute International, Inc.

Financial Aid Application

Notice of Nondiscriminatory Policy as to Students

Caspari Montessori Institute International, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs.

Please use the following steps for financial aid application:

1. Submit your course application packet according to the instructions on the application form. Applications will be processed as received. No student can join the course until the financial agreement has been finalized.
2. Include in the packet the three-page financial aid application and a letter that expresses your desire and commitment to serve children as a Montessori preschool teacher. The letter should refer to experience and education you have pursued in the past that have prepared you for the study of Montessori education. The letter may also give information about your financial situation that you would like to have considered. All financial information is confidential and shared only with the Financial Aid Committee as they consider your request.

If your course application is approved, your financial aid application will be considered. If you are offered a financial aid grant and/or loan, you will be sent a contract along with your notice of grant and/or loan received. The contract should be signed and returned to the CMI office in order to complete the enrollment process. If you are not offered financial assistance, you will be notified.

The Financial Aid Committee will use the following criteria in determining eligibility and level of aid granted:

1. Your income (adjusted gross income from your last IRS 1040 form)
2. Number of dependents
3. Your letter (see #2 above)

The amount of grant awarded at each class depends upon what is available in the scholarship fund at the time. We are grateful to our friends and former students of CMI who donate to help new teachers pay for their training.

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Financial Aid Application

This 3-page form must be completed in its entirety before your financial aid application can be considered. All information submitted will be held in confidence and only shared with the CMI Financial Aid Committee.

Applicant:

last name	first	middle
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mailing address	phone
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city	state	zip
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Parent (if applicant is a minor):

last name	first	middle
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mailing address	phone
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city	state	zip
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COURSE DATE: _____

TUITION AMOUNT: \$_____

AMOUNT OF FINANCIAL AID YOU ARE REQUESTING: \$_____

(Grants are generally between \$200 to \$600, depending upon funds available and number of qualified applicants. A loan will also be considered.)

ANNUAL INCOME AND EXPENSES

The information for last year should come from your current tax return. The financial information for the current school year should be estimated to the best of your ability according to changes in business, salaries, promotion, etc. (Parents financial information is to be used if applicant is a minor.)

	Last Year	Current Year
Salaries/wages for head of household	_____	_____
Salaries/wages for spouse	_____	_____
Dividend and/or interest income	_____	_____
Alimony Received	_____	_____
Net profit/loss of business	_____	_____
Other income	_____	_____
Child support received	_____	_____
Social Security benefits	_____	_____
Total Federal income tax paid	_____	_____
Total medical/dental expenses (not covered by insurance)	_____	_____

CURRENT DEBT

Credit cards/loans, other debts (do not include home/auto loans here)	Interest rate	Monthly	Total amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total debt for this section		_____	_____

ASSETS AND LIABILITIES

Do you own a home? yes___ no___ If yes, what is the monthly payment: \$_____

Present estimated value of home \$_____

Other real estate owned (type and value) _____

Monthly rent payment (if you do not own your home) \$_____

Checking account total \$_____ Savings account total \$_____

Other accounts (Money Market, CD, Stocks, Mutual Funds, etc.) _____

All family cars owned or leased (make, model, year).	Monthly payment
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list all dependents.

Name/age	School	Tuition if any	Financial aid received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We declare that the information on this form is true and accurate to the best of our knowledge.

Applicant Date

Parent (if applicant is a minor) Date