

INSTRUCTIONS FOR COMPLETING TUITION ASSISTANCE FORM

Decisions are made by the Financial Aid Committee of the Board of Directors. Decisions are made based on amount available in the annual budget, and allocated based on the number of applicants and the financial needs of parents outlined in the application they complete

WHEN AND WHERE TO DELIVER THE FORM:

- APPLICATIONS MUST BE RECEIVED BY **March 1, 2018** or **postmarked by March 1. School is closed week of Feb 19th.**
- LMDN RESERVES THE RIGHT TO REQUEST A CERTIFIED COPY OF YOUR TAX RETURN FROM THE IRS
- PLEASE MAIL OR EMAIL THE APPLICATION TO US INCLUDING ALL RELEVANT DOCUMENTATION OR PLACE IN A SEALED ENVELOPE IN THE GOLD BOX ON THE 1ST FLOOR
- MARK YOUR ENVELOPE CLEARLY "FINANCIAL AID APPLICATION"
- YOU MAY HAND THE APPLICATION TO HAYLEY.
- DO **NOT** HAND THE APPLICATION TO THE CLASSROOM TEACHER OR THE SCHOOL DIRECTOR AS THESE DELIBERATIONS ARE CONFIDENTIAL, AND YOUR INFORMATION IS NOT SHARED OUTSIDE THE FINANCIAL AID COMMITTEE

HOW TO COMPLETE THE FORM:

1. **PLEASE ATTACH YOUR MOST RECENT FEDERAL TAX RETURN WITH ALL W2 FORMS.**
2. **INCOME LISTED MUST REFLECT PROJECTED SALARIES FOR 2018-2019 ACADEMIC YEAR.**
3. **PLEASE ATTACH A COPY OF YOUR MOST RECENT RENT OR MORTGAGE PAYMENT.**
4. **PLEASE ATTACH A COPY OF ANY OTHER WAGE GARNISHMENTS, UNEMPLOYMENT STATEMENTS, OR RELEVANT EXPENDITURE DOCUMENTS.**
5. **IF APPLYING FOR TWO CHILDREN ONLY ONE FORM IS NECESSARY. PLEASE INCLUDE BOTH NAMES.**

TUITION ASSISTANCE APPLICATION

Decisions will be communicated before April 1ST 2018. Families not selected will be placed on a waiting list.

DEADLINE FOR APPLICATION: MARCH 1, 2018

Date: _____

Student Name: _____ DOB: _____

of Days a week attending: _____ After School: YES___ NO___

SIBLING attending: YES___ NO___

INCOME INFORMATION

Parent 1: _____

Parent 2: _____

ADDRESS: _____

EMPLOYER 1: _____ Annual Salary: _____

EMPLOYER 2: _____ Annual Salary: _____

Income from other sources: _____

TOTAL ANNUAL FAMILY INCOME: _____

EXPENSES

Other Children or Family Members you support: _____

Monthly rent or mortgage: _____

Other Expenses (not including normal cost of living expenses): _____

OTHER FACTORS THAT AFFECT YOUR FINANCES (attachments

welcome): _____

I CERTIFY THAT THIS IS A FULL REFLECTION OF MY FAMILY'S FINANCIAL

STANDING: (sign): _____