

INSTRUCTIONS FOR COMPLETING TUITION ASSISTANCE FORM

Decisions are made by the Financial Aid Committee of the Board of Directors, based on the amount available in the annual budget, the number of applicants, and the financial needs of parents as outlined in the application. We cannot provide full assistance.

WHEN AND WHERE TO DELIVER THE FORM:

- **APPLICATIONS MUST BE RECEIVED BY February 20th 2017, or postmarked Feb 20th latest. School is closed week of Feb 20th so you cannot drop off applications during that week.**
- **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 DONE IN COMPLETE PRIVACY.**

HOW TO COMPLETE THE FORM:

- 1. PLEASE ATTACH ONLY THE FIRST 2 PAGES OF YOUR 2016 FEDERAL TAX RETURN OR FIRST 2 PAGES OF YOUR 2015 TAX RETURN WITH 2016 W2 OR 1099 FORMS**
- 2. INCOME LISTED MUST REFLECT PROJECTED SALARIES FOR 2016-2017 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 MARCH 15th 2017. Families not selected will be placed on a waiting list.

DEADLINE FOR APPLICATION: FEB 20th 2017

Date: _____

Student Name: _____ DOB: _____

Class for 2017-2018: 2s ___ 3s ___ 4s ___ # of Days a week attending: _____

After School: YES ___ NO ___ Sibling also attending: YES ___ NO ___

INCOME INFORMATION

Parent 1 Name: _____

Parent 2 Name: _____

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 FINANCES:

(sign): _____