



West River Montessori School

3650D Route 100N

S. Londonderry Vt, 05155

(802) 824-5033

wmsabc@gmail.com

Scholarship Application 2018-2019

Applicant's Personal Information

First Applicant's Name: _____

Second Applicant's Name: _____

Student's Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

Email: _____

Other Dependent's:

Age:

Employment Information

First Applicant's Employer: _____

Address: _____

Phone: _____ Gross Income: _____

Second Applicant's Employer: _____

Address: _____

Phone: _____ Gross Income: _____

Other Sources of Income

Do you receive any income from additional sources (ie. student loans, pension, social assistance, etc.)? Yes / No

If yes, please list source and amount:

Monthly Expenses

Mortgage / Rent: _____

Utilities (Electric): _____

Utilities (Heat): _____

Utilities (Phone): _____

Trash / Recycle: _____

Any Additional Expenses: Yes / No If yes, please List: _____

WRMS Monthly Tuition: _____

ACT 166 Assistance: Yes / No

Any Additional Assistance: Yes / No If yes, please list: _____

Scholarship Amount Requested: _____

*** Please note all scholarship applications are subject to review by the Director and Board of Directors of WRMS every 90 days. ***

For Office Use Only:

Application Approved: Yes / No

Scholarship Amount Approved by Board: _____

Date Scholarship Expires: _____