



## Financial Aid Policy and Procedure

*Leelanau Montessori explores resources to help families cover the cost of a Montessori education. Leelanau Montessori encourages families to apply for tuition support as needed. This application is due no later than May 15<sup>th</sup>.*

Leelanau Montessori is licensed to provide childcare through the Michigan Department of Health and Human Services (MDHHS). Leelanau Montessori will use both income-based and NON-income based considerations with regard to financial aid awards.

How to apply:

Step one: Apply to the Michigan Department of Health and Human Service (MDHHS). Please apply online at: <https://www.mibridges.michigan.gov/access/>. Income guidelines may determine eligibility.

Step two: Once your eligibility through MDHHS has been determined, please call the office to schedule a meeting to discuss your financial aid application, needs, and options.

Step three: Complete the two-page financial aid application attached.

Leelanau Montessori will notify families prior to July 1<sup>st</sup> of your financial aid determination. Leelanau Montessori is the payee of last resort.

It is the family's responsibility to apply to MDHHS and then inform Leelanau Montessori with your family's determination. Leelanau Montessori uses this determination to move forward with the financial aid award. Leelanau Montessori has a **Provider I.D. 0035924** that you will need when applying to MDHHS.

## Leelanau Montessori Public School Academy Financial Aid Application

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Parent A: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent B: \_\_\_\_\_

Address: \_\_\_\_\_

(If different than Parent A)

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Dependents:

1. \_\_\_\_\_ Birth Date \_\_\_\_\_

2. \_\_\_\_\_ Birth Date: \_\_\_\_\_

3. \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Part 1: Income Information

Parent A Occupation \_\_\_\_\_ Parent B Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

Income per Month Parent A: \$ \_\_\_\_\_  
(Include any Unemployment, Social Security, or other Income)

Income per Month Parent B: \$ \_\_\_\_\_  
(Include any Unemployment, Social Security, or other Income)

Present costs for childcare for other dependents

\$ \_\_\_\_\_

What was the determination by MDHHS as far as eligibility \_\_\_\_\_

If you currently receive MDHHS assistance, please provide your case # and case worker contact information) \_\_\_\_\_

How much can you contribute **each month** for your child's Montessori tuition? \$ \_\_\_\_\_

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**\*Please include income verification such as pay stubs or federal tax forms (required).**

**Part 2: Risk Factors:**

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Please check all that apply.

- Low birth weight (5.8 or less)
- Nutritional deficiencies
- Long term or chronic illness
- Diagnosed handicap condition
- Homeless
- Foster child
- Substance abuse or addiction in the home
- Language deficiencies or immaturity
- Non-English or little English speaking household
- Illiteracy in the household
- Family history of low school achievement
- Family history of dropping out of school
- Single parent household
- Unemployed parent/parents
- Loss of sibling or parent by death or divorce
- Teen Parent
- Chronically ill parent or sibling (emotionally, physically, or mentally)
- Incarcerated parent
- Family history of delinquency
  
- Additional factors that you feel the school should know about that would help describe your families need for financial aid:

The parent certifies that all information given is true to the best of their knowledge. Any false statements or omissions on this application can result in denial or revocation of the financial aid awarded.

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(Parent A Signature)

(Date)

(Parent B Signature)

(Date)

\*This application is due by May 15<sup>th</sup>.