



Financial Aid Policy and Procedure

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:

1. All applicants are asked first to apply to the Michigan Department of Health and Human Service (MDHHS) prior to seeking financial aid from Leelanau Montessori. If you read the income requirements and do not qualify, please state this information in the application. Please apply online at:
<https://www.mibridges.michigan.gov/access/>
2. The applicant will then complete the two-page financial aid application attached.
3. Once your families eligibility through MDHHS has been determined, please call the office to schedule a meeting to discuss your financial aid application, needs, and options.
4. Leelanau Montessori will notify families in a timely manner the amount of financial aid awarded.

*It is the families responsibility to apply to MDHHS and then inform Leelanau Montessori with your families 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 explores resources to help families cover the cost of a Montessori education.

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? \$ _____

***Income verification such as pay stubs or federal tax forms is required for application.**

Part 2: Risk Factors:

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: (Recommended)

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.

(Parent A Signature)

(Date)

(Parent B Signature)

(Date)