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)         (Parent B Signature)