

***The Elizabeth Ann Clune Montessori School of Ithaca***  
***120 E. King Rd, Ithaca, NY 14850***

Application for Financial Aid For The 2010-2011 Academic Year

Please indicate your request needs: \_\_\_\_\_

The information collected on this application is confidential and will not be made available to anyone who is not directly involved in the determination of financial aid. The Elizabeth Ann Clune Montessori School of Ithaca provides a sound education to all children, within a community that strives to mirror the rich diversity of economic and social classes, racial and ethnic heritages, religious beliefs and family structures found in the larger society.

PARENT/GUARDIAN # 1

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Years With Firm: \_\_\_\_\_

PARENT/GUARDIAN # 2

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Years With Firm: \_\_\_\_\_

- If guardians are separated, divorced, or unusual circumstances apply, please explain them on the last page under "Unusual Circumstances." If separated or divorced, please give name of guardian who claimed the student(s) as a tax dependent. Indicate whether there is an agreement specifying a contribution for the student's educational expenses and if yes, indicate how much.

CHILDREN APPLYING FOR EACMSI ENROLLMENT DURING 2010-2011

Name	Age	Grade Level	1 <sup>st</sup> Enrolled
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME AND EXPENSE INFORMATION

These figures should be taken from your 2009 Income Tax Forms.

2009 Tax Status

<u>      </u>	Single	Total number of persons claimed as federal income tax exemption in 2008 <u>                  </u>
<u>      </u>	Married, joint return	
<u>      </u>	Married, filing separately	
<u>      </u>	Head of Household	

		2009	Estimated 2010
1.	TOTAL TAXABLE INCOME BEFORE DEDUCTIONS	<u>                  </u>	<u>                  </u>
	a. Salary & Wages of Guardian # 1	<u>                  </u>	<u>                  </u>
	b. Salary & Wages of Guardian # 2	<u>                  </u>	<u>                  </u>
	c. Dividends and/or interest income	<u>                  </u>	<u>                  </u>
	d. Alimony received	<u>                  </u>	<u>                  </u>
	e. Net Profit/Loss from business	<u>                  </u>	<u>                  </u>
2.	ADJUSTMENTS TO INCOME (Line 31 from Form 1040)	<u>                  </u>	<u>                  </u>
3.	TOTAL TAXABLE INCOME (Line 38 from Form 1040)	<u>                  </u>	<u>                  </u>
4.	TOTAL NON-TAXABLE INCOME		
	a. Child Support Received	<u>                  </u>	<u>                  </u>
	b. Social Security Benefits for family	<u>                  </u>	<u>                  </u>
	c. Other nontaxable income, (Itemize under "Unusual Circumstances")	<u>                  </u>	<u>                  </u>
5.	ITEMIZED DEDUCTIONS (Line 35 from Form 1040)	<u>                  </u>	<u>                  </u>
6.	TOTAL MEDICAL & DENTAL EXPENSES NOT COVERED BY INSURANCES (Total of Line 1 from Schedule A of Form 1040)	<u>                  </u>	<u>                  </u>
7.	UNUSUAL EXPENSES (Child support paid, legal fees, etc., please itemize under "Unusual Circumstances")	<u>                  </u>	<u>                  </u>

ASSETS & LIABILITIES

1. HOME

Year Purchased: \_\_\_\_\_  
Purchase Price \$ \_\_\_\_\_  
  
Present Market Value \$ \_\_\_\_\_  
  
Unpaid Mortgage \$ \_\_\_\_\_

2. OTHER REAL ESTATE

Present Market Value \$ \_\_\_\_\_  
  
Unpaid Mortgage \$ \_\_\_\_\_

3. BANK ACCOUNTS

Checking & Savings \$ \_\_\_\_\_

4. NET VALUE OF OTHER INVESTMENTS

Other \$ \_\_\_\_\_

5. INDEBTEDNESS

(include medical & dental, funeral expenses, legal fees, liens, uninsured natural disasters, etc., itemize under "Unusual Circumstances.")  
\$ \_\_\_\_\_

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BUSINESS ASSETS

Net profit or loss should be entered in "Income Section."

Percent of Ownership \_\_\_\_\_ Assets \_\_\_\_\_ Liabilities \_\_\_\_\_

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ASSETS BELONGING TO STUDENT(S)

Include inheritances, savings, trust funds, stocks, & bonds, real estate, & cash value of annuities or educational insurance policies. Do not include personal property.

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
Amount \_\_\_\_\_ Amount \_\_\_\_\_ Amount \_\_\_\_\_

## UNUSUAL CIRCUMSTANCES

Please use this space to explain any unusual circumstances which seriously affect you families financial situation.

All of the information on this form is true and complete to the best of my (our) knowledge. If asked, I (we) realize that I (we) agree to supply a copy of my (our) 2009 U.S. income tax return.

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Guardian # 1 Signature

Date

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Guardian # 2 Signature

Date

\*Please return this application by February 1<sup>th</sup>, 2010.

\*All applicants will be notified of awards in April, 2010.