



WSMS-TEP

West Side Montessori School
Teacher Education Program

Scholarship Application Financial Statement
2021-2022 Academic Year

FINANCIAL STATEMENT

Please complete all four (4) pages of this financial statement and upload it with your online scholarship application. Incomplete applications will not be considered. What you provide must accurately reflect your financial status. You may direct any questions to **TEPfinaid@wsmsnyc.org**.

Note:

- Do not leave blank spaces. Enter N/A if not applicable.
- Provide estimated amounts if actual figures are not available.

A signed and dated copy of your **2021 Income Tax Return** must accompany this application to be considered for financial aid. Please include only pages 1 and 2 of the IRS Forms 1040 and 1040-A, or page 1 of IRS 1040EZ. You are also expected to provide schedules/documents as backup (as identified below) for:

- Other taxable income
- Other nontaxable income
- Unusual expenses
- Other documents in support of amounts listed above, upon request

International Applicants: Please complete all financial forms in U.S. currency. If income tax documents are not available, please provide comparable records and documentation, with the appropriate conversion rate to U.S. dollars identified.

Applicant Name: _____
Program level and year: _____

Are you: <ul style="list-style-type: none"> <input type="radio"/> financially independent? <input type="radio"/> financially dependent on your parents? <input type="radio"/> financially dependent on your spouse/partner? 				
If dependent, complete the following information for the person(s) providing your financial support:				
Name(s)	Relation to you			
Address: Street	City	State	Zip Code	Country

Confidentiality: all information provided in the application is confidential and will be used solely for the purpose of selecting scholarship recipients.

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2021-22 Academic Year

IRS 1040 Line	ANNUAL INCOME and EXPENSES	Actual 2021 (last year)	Estimated 2022 (current year)	Estimated 2023 (next year)
7	Wages, salaries, tips*			
8+9	Dividend/interest income			
11	Alimony received			
12	Business income/(loss)			
13	Capital gain/(loss)			
	Other taxable income (attach schedule)			
	TOTAL TAXABLE INCOME			
	Child Support (nontaxable)			
20	Social Security benefits (nontaxable)			
	Other nontaxable income (attach schedule)			
	TOTAL NONTAXABLE INCOME			
32	IRA deduction (IRS Schedule A)			
57	Self-employment tax paid			-----
	Total state/city taxes paid			-----
	Total medical/dental expenses (not covered by insurance)			-----
	Unusual expenses (attach schedule)			-----
	TOTAL EXPENSES			

ASSETS and LIABILITIES	Actual 2021 (last year)	Estimated 2022 (current year)	Estimated 2023 (next year)
ASSETS			
Home equity			-----
Other real estate equity			-----
Checking account (value at year- end)			-----
Savings account (value at year- end)			-----
Other investments (net value)			
TOTAL ASSETS			
Rent or mortgage payments			
Consumer credit card indebtedness			-----
Other indebtedness (medical, etc.)			
Employment-related childcare expenses			
TOTAL LIABILITIES			

*Please use "I" to indicate Individual earnings and "J" to indicate Joint earnings.

SCHOOL SPONSORSHIP

Are you currently employed by a Montessori school?	__ yes __ no
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Will a school or organization provide financial support for your enrollment to obtain Montessori credentials?	__ yes __ no
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If yes, please fill out the following chart to identify what will be supported:		
Item	Estimated Expense	Amount to be covered by sponsoring school/organization
Tuition		
Materials		
Books		
Room and board		
Travel		
Other		
TOTAL		

Would your school consider a matching scholarship grant?	__ yes __ no
If yes, what is the dollar amount your school would be willing to match?	

OTHER SOURCES of FINANCIAL AID

Have you already applied this year for other scholarships, or do you intend to apply for other scholarships?			__ yes __ no
If yes, please provide the following information:			
Name of Organization	Amount Requested	Date of Notification	

SCHOLARSHIP REQUEST

Amount of scholarship tuition assistance you are requesting? Note that financial aid will be awarded for outstanding tuition, not for tuition already paid. Expenses outside of tuition (books, materials, fees, travel, etc.) are not covered.	
Cost of tuition only for the Teacher Education program in which you are enrolled/will be enrolling.	
Expected amount of other expenses.	
Month/year your program began or will begin.	

SIGNATURE

I declare that the financial information provided with this application is, to the best of my knowledge, true, correct and complete. I authorize its use by the West Side Montessori School Teacher Education Program Scholarship Committee; the Committee has my permission to verify the information provided.

Signature of Applicant:	Date:
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