**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 **20234 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 (check one):   * financially independent? * financially dependent on your parents? * 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 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IRS 1040 Line** | **ANNUAL INCOME and EXPENSES** | **Actual 2024**  **(last year)** | **Estimated 2025**  **(current year)** | **Estimated 2026**  **(next year)** |
| 1g | Wages, salaries, tips\* |  |  |  |
| 2+3 | Dividend/interest income |  |  |  |
|  | Alimony received |  |  |  |
| 13 | Business income/(loss) |  |  |  |
| 7 | Capital gain/(loss) |  |  |  |
|  | Other taxable income (attach schedule) |  |  |  |
|  | **TOTAL TAXABLE INCOME** |  |  |  |
|  | Child Support (nontaxable) |  |  |  |
| 6a | Social Security benefits (nontaxable) |  |  |  |
|  | Other nontaxable income (attach schedule or documentation) |  |  |  |
|  | **TOTAL NONTAXABLE INCOME** |  |  |  |
|  |  |  |  |  |
| 12 | IRA deduction (IRS Schedule A) |  |  |  |
| 23 | Self-employment tax paid |  |  | -------- |
|  | Total state/city taxes paid |  |  | -------- |
|  | Total medical/dental expenses (not covered by insurance) |  |  | -------- |
|  | Unusual expenses (attach documentation) |  |  | -------- |
|  | **TOTAL EXPENSES** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSETS and LIABILITIES** | **Actual 2024**  **(last year)** | **Estimated 2025**  **(current year)** | **Estimated 2026**  **(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 |

|  |
| --- |
| Will a school or organization provide financial support for your  enrollment to obtain Montessori credentials? \_\_ yes \_\_ no |

|  |  |  |
| --- | --- | --- |
| 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: |