

Applicant ID (office use only): \_\_\_\_\_

**Friends of Around the Sun Montessori PTO Scholarship Application  
Applicant Check-Off Form**

Dear Applicant,

Below is a list of information and forms required to complete the Scholarship Application process. Please review and initial each item. **Submit this page as part of the Application:**

	Personal information page completed
	Financial information page completed
	Copy of current or last year's tax return attached
	Copy of 2025 W- 2 attached
	Parent Statement of Need completed
	Parent Statement of Support completed
	Applicant Check-Off Form completed

I have checked the list above to ensure that all information and forms for the Scholarship Application are complete and attached. I understand that incomplete applications will not be forwarded to the Scholarship Selection Committee.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

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## Friends of Around the Sun Montessori PTO Scholarship Application Personal Information

**Instructions: All guardians responsible for tuition of the student must be represented on this application. This includes each legal guardian, whose information would include relevant tax information for any spouses of legal guardians.**

Please fill out all pages: Personal Information, Financial Information, and write a paragraph each for Statement of Need and Statement of Support. A separate sheet may be used if preferred.

Return completed application and accompanying paperwork to Emily Varner in an email or sealed envelope by April 1, 2026. The PTO plans to accept no applications after April 1, 2026.

**Personal information:**

Parent/Guardian (student’s primary residence)

Name: Last		First	Middle	
Address: Street:			City/state:	Zip:
Phone: Home	Work	Cell	e-mail	

Parent/Guardian

Name: Last		First	Middle	
Address: Street:			City/state:	Zip:
Phone: Home	Work	Cell	e-mail	
Marital Status:		Are both parents financially responsible for child?		

Montessori background/history of all students in family (Please list all Montessori schools attended.)

Name of student	School & City/State	Years attended	Final year

**For Office Use Only - Check off items submitted**

	Application – Personal information		Parent’s Statement of Need
	Financial information		Parent’s Statement of Support
	Copy of 2024 or 2025 tax return		Other
	Copy of most recent W-2 (2025)		
	Family currently has met all school obligations and is current with payment of tuition and fees		

Number of years family enrolled at ATS, if applicable \_\_\_\_\_

Student Applicant Class (Elementary, Kindergarten, or Preschool) \_\_\_\_\_

Date received \_\_\_\_\_ Date submitted to Selection Committee \_\_\_\_\_

Applicant ID: \_\_\_\_\_

## Friends of Around the Sun Montessori PTO Scholarship Application Financial Information

Name of Parent/Guardian 1		
Current Occupation		
Employer		
Address		
Years w/ present employer	Full time	Part time
Present Salary (annual, monthly, etc.)		
Other sources of regular income: List amounts and how often		
Name of Parent/Guardian 2		
Current Occupation		
Employer		
Address		
Years w/ present employer	Full time	Part time
Present Salary (annual, monthly, etc.)		
Other sources of regular income: List amounts and how often		

Does the family receive any financial assistance from other sources? If yes, please list amounts and sources.

Family Assets: Please check those which apply.

	Own home	Market value:	Monthly mortgage payment:
	Rent home	Monthly payment:	
	Own vacation home/property		
	Own car/s	Years of vehicle/s:	Monthly loan payment:
	Own boat or other recreational vehicles		
	Own business or partnership	Annual income/profit:	
	Investments (dividends/interest)	Amount:	

Other Debts

	Student loans	#Years to repay:	Monthly payments:
	Other loans or debt significant to current financials (please list and explain):		

With this completed application form, please submit a copy of your 2024 or 2025 tax statement and your most recent W-2. If you wish, you may also submit any other documentation that illustrates your financial need.

By signing this application, I/we certify the accuracy of the information provided. If our financial status changes, I/we will notify the school administrator immediately. I/we understand that if everything is not filled out completely, this application may not be considered. I/we further understand that this information will be evaluated (excluding names) by the Friends of Around the Sun Montessori PTO Scholarship Selection Committee.

Parent/Guardian signature

Date

Parent/Guardian signature

Date

