

The Wheatley Montessori Educational Advancement Fund

Please complete this application in its entirety and return it with your student's application admission.

Application Date:				
Last Name:	First Name:			
Address:				
City:	State: Zip:			
Cell Phone:	Work Phone:			
Email Address:				
Birthdate: / / SSN:	Sex: Race:			
Marital Status: Single Married	Divorced Separated Widowed			
Mother's Place of Employment:	Yearly income: \$			
Father's Place of Employment:	Yearly income: \$			
Total Family Income: \$	No. of Dependent Children in Home:			
Name of College Attending:				
Address:				
Check the Sources of Financial Assistance You Are Receiving: Child Support SNAP TANF SS Disability ABC Vouchers Medicaid Income Based Housing WIC WIA Veterans Assistance FDC/FI				
Please list 3 personal references (non-relatives) v				
	State: Zip:			
Relationship to Applicant:				
Name:	Phone:			
Street: City:	State: Zip:			
Relationship to Applicant:				



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Name:		Phone:	Phone:	
Street:	City:	State:	Zip:	
Relationship to Applicant:				
Write a brief statement sharir goals for you and your child.	ng your reason for requestin	g financial assistance a	and your future	

Please complete the application and return with the following information:

- 1. Copy of picture ID
- 2. Copy of most recent income tax return
- 3. Copy of EBT card if you are receiving SNAP
- 4. Copy of Medicaid card
- 5. Names of family members in household.

The Wheatley Montessori Educational Advancement Fund does not discriminate on the basis of race, color, national origin, sex, gender, sexual orientation, disability, age, religion, or any other characteristic protected by state, local or federal law, in our programs and activities.