



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: _____
mm dd yyyy

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) who we may contact about your application.

Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

