**Southeast Alaska Friends of Montessori**

**PO Box 21142, Juneau, Alaska 99802**

**Annabel Rondeau SEAFOM Scholarship**

**For Montessori Education 2019-2020**

**I. Overview.**

This scholarship began in 2017 through the fundraising efforts of Southeast Alaska Friends of Montessori (SEAFOM) and Montessori Borealis students. Contributions to the fund are welcomed and are tax deductible to the extent of the law. This fund was created in loving memory of Annabel Rondeau, a former teacher at Montessori Borealis and friend of the Montessori community in Juneau, Alaska.

SEAFOM is a non-profit organization committed to the development and implementation of Montessori education throughout Southeast Alaska. Incorporated in 1994, our mission is:

**“To support schools and individuals throughout Southeast Alaska by promoting,**

**developing, implementing, and maintaining Montessori education, as created by Dr.**

**Maria Montessori.”**

**The purpose of this scholarship** is to ensure that families of modest means have access to the Montessori Children's House, particularly if they receive child care assistance from any of the state programs and their copay is still a burden for their family.

**II. Scholarship Guidelines.**

The SEAFOM Board of Directors provides scholarship funds to the families of Montessori preschoolers. An annually designated SEAFOM Scholarship Committee will administer these guidelines and review applications. All contact with this committee may be done so through the mailing address above.

Montessori Education is a continuum from infancy to adolescence. Families applying for this scholarship shall demonstrate a long-term commitment to their child’s Montessori education. This scholarship is for children attending Montessori Borealis Public School (MBPS), for preschool. **Preference will be given to families with siblings currently enrolled in MBPS elementary and/or adolescent programs in Juneau’s public schools or JMS, families who plan to continue their child’s education in Montessori beyond the primary years, and/or families who are actively participating members in SEAFOM.**

The amount of funds awarded will be determined by the applicant’s demonstrated financial need and may vary between individual applicants. Individual awards shall not exceed the cost of tuition minus any other financial assistance that is received. Awards are based on the total scholarship funds provided by SEAFOM (which varies from year to year), the total number of eligible applicants, and the Scholarship Committee’s determination of financial need. Decisions of the Scholarship Committee are final.

**Applicants who are awarded scholarships have until XXXXXXXX to notify the SEAFOM Scholarship Committee of their acceptance of the scholarship.** At the discretion of the SEAFOM Board, scholarship funds that are not accepted by individuals may be offered to applicants on the “alternate” list, to other applicants who accepted scholarship funds and continue to demonstrate financial need, or returned to SEAFOM for other expenditures.

Information submitted to the Scholarship Committee shall remain confidential within the SEAFOM Scholarship Committee. The Scholarship Committee may require additional information from an applicant. These guidelines and criteria for scholarship awards are subject to annual review and modification.

**III. Scholarship Application Criteria:**

1. Scholarship awards are based on financial need. Applicants must provide a copy of **their 2018 Income Tax Return**, as well as a **current wage verification statement from all employers within the household**. Other income or additional financial assistance (including financial gifts) not stated on your tax return must be included. If you have not completed a tax return by the scholarship application deadline, provide a letter of explanation that also summarizes your total and adjusted income.
2. Applicants must complete the **attached application** form.
3. Applicants must commit to enrolling their child in the MBPS program for the entire academic year.
4. Scholarship applicants must commit to applying for enrollment in the MBPS program for Pre-K, first grade and beyond, *although this does not guarantee access to the program due to the school district lottery system.*
5. Each family receiving a scholarship is expected to maintain current SEAFOM membership and volunteer a minimum of 10 hours per academic year to SEAFOM activities or projects. The annual membership fee is $5.00 (June 1-May 31).
	1. Please apply at seafom-friendsofmontessori.org
6. The applicant must notify the SEAFOM Scholarship Committee of any change in financial status within 30 days of such change that may affect their eligibility for this scholarship. (Change in marital status, employment, new sources of income or funding, etc.).

**IV. Timeline**

 **May 3st, 2019** - Distribute applications to families for the 2019-2020 school year.

 **June 1st, 2019** - Completed applications due back to the SEAFOM committee.

 **July 1st, 2019**-Families notified of scholarship award.

 **August 1st, 2019** - Families to confirm acceptance of scholarship.

**Annabel Rondeau SEAFOM Scholarship Application Form**

**2019-2020 Academic Year**

Please complete this form for scholarship consideration. The **application and other required information must be submitted by 5:00pm Thursday, June 1st, 2019.** Submit materials to the Annabel Rondeau SEAFOM Scholarship Committee by mail to the SEAFOM address at the beginning of this four-page application.

**If the application is not complete – your application will be returned and may not be put up for consideration if not back in due time.**

Applicant (Child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address, Phone Numbers, email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child’s Years in Montessori:\_\_\_\_\_\_\_Montessori School Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings at Montessori Borealis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings at JMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEAFOM Member (Y/N): \_\_\_\_\_\_\_\_\_**(If No, please submit $5.00 for the annual membership fee with your application)**

SEAFOM projects/issues that family has been involved in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total household size Amount of Scholarship requested \_\_\_\_\_\_\_\_\_\_\_\_\_/ school year

Do you participate in Childcare Assistance? \_\_\_\_\_\_\_ If yes, amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Work Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Work Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If part-time, seasonal, or retired – please give more details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Gross Income |  |
| Net Income  |  |

**Please provide a tax return from 2018. If it is not available, please attach a monthly paystub.**

Additional income**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What other assistance does your family already receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses per month (average)

|  |  |
| --- | --- |
| Mortgage or Rent |  |
| Utilities |  |
| Food |  |
| Car / Gas / Transportation |  |
| Medical /Insurance |  |
| Dental |  |
| Loans |  |
|  |  |
|  |  |

Statement of Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why did you choose Montessori preschool education for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you consider continuing his/her Montessori education in the elementary and adolescent programs available in Juneau’s public schools? (Yes/No). Please explain reasoning. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any other information or other financial strains that you feel the Scholarship Committee should consider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I/We have provided complete and truthful information herein. I/We have read, and agreed to the criteria outlined, and if awarded a scholarship will fulfill the stated expectations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Scholarship Committee Use Only:**

Scholarship Awarded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Awarded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_