



**Teacher Education Scholarship Application: 2024 – 2025 Academic Year**  
**Financial Statement**

Please attach a signed and dated copy of your **2023** income tax return.

- If you used IRS Form 1040 or 1040-A, include only pages one and two of the return. If you used IRS 1040EZ, include only page one of the return. **Please redact your Social Security number and date of birth on your tax return before uploading.**
- For international applicants, please include equivalent documentation of income. Please also provide the financial information on the next pages in USD and include the conversion rate at the time of your application’s submission in the space provided.

Please complete all information below. If income and/or expense is unknown, please provide your best estimate. If an item does not apply to you, please fill in “N/A” – avoid leaving blank spaces, if possible, to ensure no items are missed.

**Next Year**

Financial dependency status:

- Dependent on parents       Dependent on spouse/partner       Not dependent

<b><u>Annual Income and Expenses</u></b>	<b><u>Last Year Actual 2023</u></b>	<b><u>Estimate Current Year 2024</u></b>	<b><u>Estimated 2025</u></b>
Salary and Wage ( <b>Indicate: I-Individual; J-Joint</b> )			
Dividend/Interest Income			
Alimony Received			
Non-profit from business/farm/other			
Other taxable income			
Total IRS allowable deductions			
Non-taxable income: child support received			
Non-taxable income: social security benefits			
Other non-taxable income (Itemize attachment)			
IRA total itemized deduction (IRS Schedule A)			
Self-employment tax paid			XXXXXX
Total state and other taxes paid			XXXXXX
Total medical, dental expenses			XXXXXX
(Not covered by insurance)			XXXXXX
Unusual expenses (itemize attachment)			XXXXXX
<b><u>Assets and Liabilities</u></b>			
Home equity			XXXXXX
Other real estate equity			XXXXXX
Car _____ (market value minus debt)			XXXXXX
Bank accounts (total savings and checking)			XXXXXX
Other investments (net value)			XXXXXX

Indebtedness (medical, disaster, etc., not including home, car or consumer)			
Indebtedness (consumer charge cards)			XXXXXXX
Rent or mortgage payments			
Employment-related child-care expenses			
Face value of life insurance policies			XXXXXXX

School sponsorship:

Are you currently employed by a Montessori school?  Yes  No

Will a school or organization be providing financial support for your enrollment in an AMS-affiliated teacher education program?  Yes  No

If yes, please specify items for which assistance will be provided, and the dollar amount for each:

Item	Estimate \$\$ amount of expense	Amount to be paid by sponsoring school/organization
Tuition		
Materials		
Books		
Room and Board		
Travel		
Other		
<b>TOTAL</b>		

Would your school consider a matching scholarship grant with AMS for you?  Yes  No

If yes, what is the dollar amount that your school would be willing to match? \$ \_\_\_\_\_

Scholarship request:

What is the amount of scholarship assistance that you are requesting from AMS? \$ \_\_\_\_\_

(AMS scholarship awards can only be used towards tuition, and cannot cover the full amount.)

What is the total cost of tuition for the teacher education program in which you are enrolling/enrolled (from Section 3 of this application)? \$ \_\_\_\_\_

Excluding tuition, please provide an estimate of your other related expenses (e.g. books, materials, travel, room & board, etc.): \$ \_\_\_\_\_

International applicants only: The currency exchange rate on the date submitted is: \_\_\_\_\_

**Verification of information: I declare that the financial information reported on this form, to the best of my knowledge and belief, is true, correct and complete. I authorize its use by the AMS Scholarship Committee, and the Committee has my permission to verify the information reported.**

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_