



# SCHOLARSHIP APPLICATION



IVYCREST MONTESSORI SCHOOL

## STUDENT INFORMATION

Student Name:		<input type="checkbox"/> D. Smith Scholarship	<input type="checkbox"/> School of the Arts Course _____
Parent Name(s):		Age:	Enrollment Date:
Address:		Room #:	Teacher:
City:	Zip:	<input type="checkbox"/> New Enrollee	<input type="checkbox"/> Current Student
Daytime Phone:	Evening Phone:	Email Address:	

***\*\*Please attach an essay stating why your child should be considered for the D. Smith Scholarship along with all supporting documents \*\****

## REQUIREMENTS:

- Copies of Report Cards
- Most recent W-2 for of all family members in the household with earned income
- Evaluation session with Director
- Academic/Character Reference
- Work sample
- Acknowledgements & Achievements

## - FOR OFFICE USE ONLY -

<input type="checkbox"/> Year-To-Date Statement	<u>Approval:</u>	
<input type="checkbox"/> Copies of Report Cards	Arts Director: _____	Date: _____
<input type="checkbox"/> W-2	Director: _____	Date: _____
<input type="checkbox"/> Evaluation session with Director	Administrator: _____	Date: _____
<input type="checkbox"/> Academic/Character Reference	Accounting: _____	Date: _____
<input type="checkbox"/> Work sample		
<input type="checkbox"/> Acknowledgements & Achievements		

Comments: *(Make sure to log comments in child's account)*