

Soaring Wings Montessori School

education for peace since 1987



Financial Assistance Application

Applicant's name

Date

Student's name(s)

Pmail address

Email address

Cellphone

I am requesting \$ _____ for the _____ school year.

I hereby agree to keep the details of any financial assistance confidential.

Signature

The following items must also be received prior to consideration.

1. Complete Enrollment Packet for each new student
2. Complete Enrollment Agreement for each continuing student
3. \$500 Commitment Fee for each student
4. A letter including:
 - a. why you are applying for a financial assistance
 - b. why a SWMS education is important to you and your child
 - c. how you intend support SWMS and/or have done so in the past

Please complete and return all of these items to the school office or mail to:

Soaring Wings Montessori School
PO Box 682384
Park City, Utah 84068

In order to be considered for financial assistance, you must complete and return all of the items listed above. If the financial assistance offered is not acceptable, you may receive a refund of your Commitment Fee if the request is made within two weeks of the offer.

Thank you!