



Teacher Education Scholarship Application: 2025 –2026 Academic Year
Financial Statement

Please attach a signed and dated copy of your **2024** 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

| <u>Annual Income and Expenses</u> | <u>Last Year Actual 2024</u> | <u>Estimate Current Year 2025</u> | <u>Estimated 2026</u> |
|--|-------------------------------------|--|------------------------------|
| Salary and Wage (Indicate: I-Individual; J-Joint) | | | |
| 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 |
| <u>Assets and Liabilities</u> | | | |
| 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 | | |
| TOTAL | | |

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: _____