



**Scholarship Application / Payment Plan for Overnight Trips**

At DCS Montessori, we want all our eligible students to participate in Overnight Trips. If you need extra time in making payments or a little financial assistance, please complete this application form and submit it to our Head of School.

Student Name \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

For which programs are you seeking a scholarship / payment plan?

- 6<sup>th</sup> Grade Overnight Trip
- Middle School Fall Trip
- 7<sup>th</sup> Grade Spring Trip
- 8<sup>th</sup> Grade Spring Trip

Please tell us the reason you are making this request:

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Please tell us the payment plan you would like to follow:

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Please tell us the amount you are requesting as a scholarship: \_\_\_\_\_

*Confidentiality Statement: The information provided on this form will be shared only with those staff members having a financial need to know in order to approve and process this application.*