



# Intent to Apply For Tuition Aid 2017-18

**Friends School of Minnesota**  
1365 Englewood Avenue  
St. Paul, Minnesota 55104  
admissions: 651-621-8937  
school office: 651-917-0636  
fax: 651-917-0708  
website: [www.fsmn.org](http://www.fsmn.org)  
email: [admissions@fsmn.org](mailto:admissions@fsmn.org)

**Upload this completed form along with your PFS and tax documents**

Student's name \_\_\_\_\_

Began/beginning FSM in grade \_\_\_\_\_ Grade for 2017-18 School Year \_\_\_\_\_

Have you applied for FSM tuition aid before? \_\_\_\_\_

2016-17 Tuition Aid Received (if returning student) \_\_\_\_\_

Adjusted Gross Income from your Federal Tax Return forms: 2015 \_\_\_\_\_ 2016 \_\_\_\_\_

*I agree to authorize the IRS to send FSM copies of my 2015 and 2016 tax returns.* \_\_\_\_\_

**Parent(s)/Guardian(s)**

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Name(s) \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Occupation(s) \_\_\_\_\_

\_\_\_\_\_

Employer(s) \_\_\_\_\_

\_\_\_\_\_

Adult(s) the child lives with \_\_\_\_\_

Other children in household (names & ages) \_\_\_\_\_

**2016-17 FSM Tuition**

**K-4:** \$14,630

**5-6:** \$15,060

**7-8:** \$16,020

I/we can pay \_\_\_\_\_ (a)

Extended family members will contribute \_\_\_\_\_ (b)

**I am requesting tuition assistance in the amount of** \_\_\_\_\_ (c)

*We ask that families pay at least 10% of tuition.*

*Please Complete Reverse Side*

**If you are requesting an award larger than last year's, please explain the change in your circumstances.** *You may include additional sheets or send a letter directly to Shane Zack, Admissions Director, at Friends School of Minnesota, 1365 Englewood Avenue, St. Paul, MN 55104.*