



Apple Orchard School

Where children grow. Inside and out.

APPLE ORCHARD SCHOOL 2026-2027 SCHOLARSHIP APPLICATION

Apple Orchard School proudly offers Scholarship Awards to income-eligible families enrolled in our program. The Lee Albright Scholarship Fund is made possible by our endowment investments and our internal annual fundraising efforts.

The average scholarship award ranges from 10% to 60% of published tuition rates and is granted based on available funding. Eligibility is based on the Massachusetts State Median Income chart located below. Scholarship Award decisions are made without regard to race, gender, religion, cultural heritage, national origin, political beliefs, marital status, sexual orientation, or mental and physical disability of the applicant.

In a separate cover letter, explain any details you'd like the Scholarship Committee to know about your tuition assistance request.

Please attach a copy of your most recent tax return. Apple Orchard families earning at or below 125% of the Massachusetts State Median Income (SMI) are eligible for tuition assistance.

Check our website after January 4th for updated Tuition Fees for the upcoming school year.

If you wish to apply, please submit the cover letter, this application and other requested documents to:

Apple Orchard School – Business Office, at 282D Newton Street, Brookline, MA 02445, scan or email to Dee@appleorchardschool.org



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New Application _____

Renewal Request _____

Child's Name: _____ **Class:** _____

Parent's Name: _____ **Phone:** _____

Occupation: _____ Full or Part Time?

Title: _____

Current Employer: _____

Years in Current Job: _____ Income: _____

Parent Email(s): _____

Parent's Name: _____ **Phone:** _____

Occupation _____ Full or Part Time?

Title: _____

Current Employer: _____

Years in Current Job: _____ Income: _____

Parent Email(s): _____

Home Address: _____

Town: _____ Zip: _____

2nd Home address: _____

(If parents live separately)

Town: _____ Zip: _____

Scholarship Award is requested for _____ Morning Program _____ Sandwich Club

Anticipated Sandwich Club Schedule: Mon: _____ Tues: _____ Thurs: _____ Fri: _____
Child's School Year Tuition (Please see AO website to determine): _____

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Number of Children/Dependents in the Family: _____

Name: _____ Age: _____ School/Daycare cost: _____

Amount paid by parent/guardian: _____

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Amount paid by parent/guardian: _____

Combined Annual Gross Income (2025-26): _____

Estimated Combined Gross Income (2026-27): _____

If you rent your home, monthly rent excluding utilities \$ _____

If you own your own home, please list:

Year purchased: _____

Purchase price: _____

Present market value: _____

Monthly mortgage payments: _____
(exclude tax escrow)

Unpaid mortgage balance: _____

If you have any rental income:

Rent received in 2025: _____

Rent expected in 2026: _____

In reviewing your family's financial situation, please indicate the amount you think you can pay in the School Year 2026 - 2027 as part of the total tuition/fees:

Child # 1 _____ Child # 2 _____ Child # 3 _____

From parents' income & assets: _____

From friends, relatives, & Trusts: _____

From other sources: _____

Have you applied for tuition aid at other schools? _____ YES _____ NO

If yes, please list schools:

Family Size 125% of the Massachusetts SMI (State Median Income) (FY25)

Family of	2	\$137,028	Family of	3	\$165,565
	4	\$197,100		5	\$228,638
	6	\$260,173		7	\$266,085

Tuition Assistance Requested: (please check below)

☐ 5% ☐ 10% ☐ 15% ☐ 20% ☐ 25% ☐ 30%
☐ 35% ☐ 40% ☐ 45% ☐ 50% ☐ 55% ☐ 60%

I understand that my application will not be considered without a completed signed Scholarship Application and all required information and tax returns.

☐ Cover Letter ☐ Tax forms ☐ Application

Parent/Guardian Signature: _____ Date: _____

