SFCM
SAN FRANCISCO CONSERVATORY OF MUSIC

PRE-COLLEGE DIVISION FINANCIAL AID APPLICATION

This form to be used to for both academic year programs and summer programs.

Consideration for Financial Aid in the form of a scholarship is given to students who demonstrate a clear financial need and show a high level of musical potential. This application should be completed by the parents or guardians of the student. Students receiving financial aid are expected to maintain a high standard of performance in their classwork and in their major instruction.

Returning students must submit this form by **April 30**. New students must submit this form by **May 17**. **Financial and Personal Information will be kept confidential by the committee reviewing this application.** *Incomplete applications will not be considered.*

The following documents are required to be considered by the reviewing committee:

- Completed Pre-College Division Financial Aid Application (this form)
- An official copy of last year's IRS Federal Income Tax return or IRS Tax transcript.
    - If no tax return was filed, please submit adequate proof of income, such as Form W-2, a 1099, a year-end pay stub or foreign equivalent.
- A written statement in support of your request for financial assistance. Please include any information that you feel would be helpful to the reviewing committee.

Name of Applicant (student): _____

Address: _____

Telephone: _____ Date of Birth: _____

School Name: _____

Instrument(s): _____ Grade(next September) _____

INFORMATION CONCERNING FAMILY RESOURCES:

Parent/Guardian Name: _____

Address (if different from above): _____

Place(s) of Employment: _____

Occupation: _____ Yearly Income Before Deductions: $ _____

2nd Parent/Guardian Name: _____

Address (if different from above): _____

Place(s) of Employment: _____

Occupation: _____ Yearly Income Before Deductions: $ _____

(continued)

Dependents on the income above (include applicant)**:**

Name	**Relation to Applicant**	**Age**	**School/College tuition costs** (include amount of financial aid awarded)

OTHER ASSETS AND RESOURCES:

For the following categories, please enter the current total value amounts for **all adults** contributing to expenses for the applicant:

Category	**Total Value unless otherwise indicated**
Interest/Dividend Income	$
Investments (stocks, Bonds)	$
Real Estate holdings (include residence)	$
Cash, Savings, Checking Account	$
Alimony Received, if any (per month)	$
Rental Income, if any (per month)	$

Untaxed Income Information	**Amount**
Payments to Tax-Deferred Pensions and Savings Plans – On W-2, Box 13, codes D,E,F,G,H, and S, also portions of 401(k) and 403(b)	$
Earned Income Credit	$
Child Support Received	$
Social Security Benefit (untaxed portion)	$
Welfare Benefits	$
Worker's Compensation	$
Other (please specify)	$

OTHER INFORMATION:

Child support you PAID OUT over the last tax year: $_____/_____(indicate year)

Primary Residence: □ Own □ Rent Mortgage/Rent paid per month: $_____

Single Parent Household? □ Yes □ No

List outstanding debts: _____

_____

_____

I certify that the information disclosed on this form and in the attached statement is correct and complete.

Parent/Guardian Name: (please print) _____

SIGNATURE: _____ DATE: _____