



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 1** every year. New students must submit this form at the time of their audition. The information below is necessary to consider financial need of students. *Incomplete applications will not be considered.* **Financial and Personal Information will be kept confidential by the committee reviewing this application.**

An official copy of last year's IRS Federal Income Tax return or IRS Tax transcript form must accompany this application. 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.

Name of Applicant (student): _____

Address: _____

Telephone: _____ Date of Birth: _____

School Name: _____

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

INFORMATION CONCERNING FAMILY RESOURCES:

INCOME (Enter amounts in US dollars)

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: _____

PLEASE attach a separate sheet with your written statement in support of your request for financial assistance. Feel free to include additional information you feel would be helpful to the reviewing committee.

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: _____