

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 15** every year. New students must submit this form at the time of their audition. **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.
 - o 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: | | | |
| | Date of Birth <u>:</u> | | |
| School Name: | | | |
| Instrument(s): | Grade(next September) | | |
| INFORMATION CONCERNING FAMI | LY RESOURCES: | | |
| Parent/Guardian Name: | | | |
| Address (if different from above): | | | |
| Place(s) of Employment: | | | |
| | Yearly Income Before Deductions: \$ | | |
| 2 nd Parent/Guardian Name: | | | |
| Address (if different from above): | | | |
| Place(s) of Employment: | | | |
| Occupation: | Yearly Income Before Deductions: \$ | | |

(continued)

| Dependents on the income Name | Relation to Applicant | Age | School/College tuition | |
|-------------------------------------------|-----------------------------|----------------------------------------|----------------------------|--|
| | • • | | costs (include amount of | |
| | | | financial aid awarded) | |
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| | | | | |
| OTHER ASSETS AND RES | SOURCES: | | | |
| For the following categor | ies, please enter the cui | rrent 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) | | \$ | | |
| | | T | | |
| Untaxed Income Information | | Amount | | |
| Payments to Tax-Deferred P | ensions 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 O | UT over the last tax year: | \$/ | (indicate year) | |
| Primary Residence: □ Ov | - | - | | |
| • | | gage/ Nemt paid p | er πιοπαπ. φ | |
| Single Parent Household? | □ Yes □ No | | | |
| List outstanding debts: | | | | |
| | | | | |
| | | | | |
| | | | | |
| I certify that the information complete. | n disclosed on this form a | nd in the attached | d statement is correct and | |
| | | | | |
| Parent/Guardian Name: (ple | ease print) | | | |