## COMMUNITY MUSIC SCHOOL FINANCIAL ASSISTANCE APPLICATION

Date of Birth
State Zip Code
Email
Years of study
ildren)
Parent/Guardian 2
Name:
Address (if different):
Phone:
Employer:
Position:
Has this person been laid off in the past 12 months? YES NO
n 2 are: Sic Schoo
Single/Not Applicable
oplicant)
are not currently living with you (i.e., college students or their name, relationship and age:

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## Financial Information – Gross yearly income figures for most current tax year.

Parent 1 \$ Parent 2 \$ Unemployment Income \$ Alimony Income \$ Child Support Income \$	Rental Income: \$ Social Security Income: \$ Investment Income: \$ Other Income: \$	
Total yearly gross income: \$	# of People Supported by this income:	
I understand that by receiving financial assistance for private lessons from the Community Music School means I will pay a discounted rate per lesson/per child.		
I understand that financial assistance is not guaranteed, and I acceptance or denial within two weeks of submission. If finan and provided.		
Parent 1 Signature	Date	
Parent 2 Signature	Date	
Community Music School		
	FOR OFFICE USE ONLY	
	Date application received	
	Registration form received	
	Discounted Amount Approved	
	School Year Approved	
	Approved By	