

**COMMUNITY MUSIC SCHOOL
FINANCIAL ASSISTANCE APPLICATION**

APPLICANT INFORMATION

Name of Student _____ Date of Birth _____

Additional Students _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Age: : _____ Grade: _____

Instrument(s) for which you are applying _____ Years of study _____

Community Music School Teacher _____

PARENT/GUARDIAN INFORMATION

(To be completed by parents/guardians of dependent children)

Parent/Guardian 1

Parent/Guardian 2

Name: _____

Name: _____

Address (if different): _____

Address (if different): _____

Phone: _____

Phone: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Has this person been laid off in the past 12 months?
YES NO

Has this person been laid off in the past 12 months?
YES NO

Please indicate if Parent/Guardian 1 and Parent/Guardian 2 are:

Married/Partnered

Divorced/Separated

Single/Not Applicable

Number of people in household _____ (include applicant)

Do you have any family members who you support who are not currently living with you (i.e., college students or elderly parents)? YES NO Please list 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 \$ _____

Total yearly gross income: \$ _____

Rental Income: \$ _____
Social Security Income: \$ _____
Investment Income: \$ _____
Other 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 if awarded financial assistance, no additional discounts apply, including the multiple child discount.

I understand that financial assistance is not guaranteed, and I will be emailed with either a confirmation of acceptance or denial within two weeks of submission. If financial aid is granted, a discounted rate will be detailed and provided.

Parent 1 Signature

Date

Parent 2 Signature

Date


THE Community Music School
AT SOUTHWESTERN

FOR OFFICE USE ONLY

Date application received _____

Registration form received _____

Discounted Amount Approved _____

School Year Approved _____

Approved By _____