

# Chamber Music Program Tuition Assistance Application 2015-2016 Season

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For Office Use

Date Received:

Award Amt:

Notes:

## DEADLINES

Applications are DUE on **Monday, January 4, 2016.**

Families will be notified by email of award during **the week of January 11th.**

## ABOUT TUITION ASSISTANCE

AYSP is committed to ensuring that all qualified, motivated students have an equal opportunity to participate. Tuition assistance is awarded based on demonstrated financial need. The amount of the award is based on a sliding scale, which takes into account household income and extraordinary circumstances. If awarded we will cover 100% of the Chamber Program tuition and fees. Installments or monthly payment plans are also available.

## AWARD EXPECTATIONS

1. Abide by AYSB attendance policy.
2. Consistent practice and preparation for all activities and active participation in rehearsals and coachings.

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Instrument \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

AYSP Ensemble \_\_\_\_\_

## FAMILY INFORMATION

Parent/Guardian #1 Name \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Does student live with Parent/Guardian #1?                      YES                      NO

Parent/Guardian #2 Name \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Does student live with Parent/Guardian #2?                      YES                      NO

Number of siblings currently living with student: \_\_\_\_\_

## FINANCIAL INFORMATION

*Because tuition assistance is based on financial need, we require some financial information, which will be kept **strictly confidential** within the AYSB office.*

**NOTE: We do not require a copy of your Federal Income tax form for this application, but we do reserve the right to request verification of income if deemed necessary.**

**Adjusted Gross Income from 2014 Federal Income tax form: \$ \_\_\_\_\_**

If your taxes do not represent your current financial situation, enter your total estimated 2015 household income here. \$\_\_\_\_\_ (Please explain in "Statement of Need" below.)

Does your student qualify for free or reduced price school meals?    YES                    NO

**Tuition and Fees**

Spring semester: \$60

Amount your family can contribute:

\$ \_\_\_\_\_

Amount of assistance requested:

\$ \_\_\_\_\_

**STATEMENT OF NEED (REQUIRED)**

Please describe why your family is requesting tuition assistance below. (Attach additional sheets if needed.)