



# NORWALK YOUTH SYMPHONY

## 2017-18 FINANCIAL AID APPLICATION

Fill out this form COMPLETELY to be considered for a Financial Aid Award.

### STUDENT INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME or CELL PHONE \_\_\_\_\_ EMAIL (list one used most often) \_\_\_\_\_

PRIVATE TEACHER NAME \_\_\_\_\_ PHONE/EMAIL \_\_\_\_\_

PARENT or GUARDIAN FULL NAME \_\_\_\_\_ PARENT or GUARDIAN FULL NAME \_\_\_\_\_

**PLEASE LIST ALL DEPENDENTS and AGES** (circle those in college): \_\_\_\_\_

Married  Single  Divorced  Widowed  Separated MARITAL STATUS of Parent(s)/Guardian(s) (please circle)

\*\*If parents/guardians maintain separate households, each party must submit his/her own application.

### INCOME AND EXPENSES INFORMATION

	Parent/Guardian	Parent/Guardian
Occupation/Title	_____	_____
Name of Employer	_____	_____
Employer Phone No.	_____	_____
Annual Salary, Wages, Tips, Bonuses etc.	\$ _____	\$ _____
All Other Income (Annual)	_____	_____
Spousal or Child Support	\$ _____	\$ _____
Pensions, Retirement, Social Security	\$ _____	\$ _____
Workman's Comp, Unemployment, SSI	\$ _____	\$ _____
Value of Savings	\$ _____	\$ _____
Value of All Investments	\$ _____	\$ _____
Market Value of Real Estate	\$ _____	\$ _____
Monthly Expenses	\$ _____	\$ _____
Mortgage/Rent	\$ _____	\$ _____
Utilities (oil/gas/electric/water/cable)	\$ _____	\$ _____
Auto Payment & Fuel	\$ _____	\$ _____
Household Expenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____

**NYS 2017-18 FULL-YEAR TUITION and FEES INFORMATION**(indicate assigned orchestra, if known)

- Junior Strings \$500
- Prelude Orchestra \$800 Amount you will be able to contribute\*\*: \$ \_\_\_\_\_
- Philharmonia Strings/Winds \$800
- Concert Orchestra \$875 Amount you are requesting from
- Principal Orch. (includes Carnegie Hall fee) \$935 Financial Aid Committee\*\*: \$ \_\_\_\_\_

**\*\* Required**

**If you wish to be considered for private lesson assistance, please complete the following:**

Private teacher's name \_\_\_\_\_

Teacher's address \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

Private lessons: How often \_\_\_\_\_ Length \_\_\_\_\_ Cost for 1 lesson \_\_\_\_\_

**STATEMENT OF FINANCIAL NEED**

Funds for financial aid are limited. Therefore, it is important that parents explain financial needs in detail. Please provide a complete copy of your 2016 tax return. **Please also describe extraordinary family expenses or other financial considerations the committee should be aware of in determining your award.** (Use the reverse side or attach page).

**I/we understand that the information on this application for Financial Aid is true to the best of my/our knowledge.**

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

Completed applications are due to Sara Watkins at the first rehearsal or in the NYS office by **9-11-17**.

**A financial aid award requires that the family provide a minimum of 10 hours of adult volunteer service to NYS**