



NORWALK YOUTH SYMPHONY

FINANCIAL AID GUIDELINES

Our Mission. It is our mission to provide high quality music education and experiences to students and families that is affordable and accessible. We fulfill this mission by providing need based financial aid for NYS orchestra, private lesson and chamber music tuition made available from local contributors and the Memorial and Ramer Funds. Financial assistance is available to all members of the orchestra regardless of age, ability or length of time of membership in the orchestra.

Our Financial Aid. In keeping with our commitment to providing high quality music education, we provide need based financial assistance through the following methods or any combination thereof.

- Tuition grants for NYS orchestral tuition
- Private music lesson grants
- Ticket waiver (for minimum family ticket purchases)

Students whose families are at or below 250% of the attached federal guidelines may qualify for a full orchestra grant. Moreover, students whose families are above the 250% but at or below 400% of said guidelines may qualify for a partial orchestra grant. Partial or full orchestra grant students may also qualify for private lesson grants during the school year at approved private teaching studios. In addition to the federal guidelines, award of these grants is based on available family assets, monthly expenses, the student's commitment to NYS and his/her instrument as well as the special considerations listed below.

In awarding financial aid, special consideration will be given to unemployed and single parents. Moreover, special family circumstances including financial hardship due to medical need or disability, support of extended family, college tuition burdens and multiple family participants in NYS will also be considered. The student's commitment to NYS and/or his/her music lessons will also be taken into consideration in determination of the awards. To this end, the scholarship committee may consult with either the student's private and/or public school teacher and will require progress reports from teachers before additional payments are made.

Volunteer Service Requirement for Aid Recipients. Financial award recipients must volunteer a minimum of 10 hours at NYS. Such service can be performed during rehearsal snack time, chaperoning concerts, at the boutique or other NYS events.

Financial Aid Application Review Process. Families requiring assistance must complete the NYS Financial Aid Form and return it at the first rehearsal or by September 12, 2021 to the NYS office, 71 East Avenue, Unit N, Norwalk, CT 06851. Such information will be reviewed by the financial aid committee made up of the NYS Chairman, Treasurer and Executive Director. Applicants may be required to supply additional information as deemed necessary by the committee. Applications may also be made during the year if family financial circumstances change.

2021 Federal Poverty Level Chart

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the “federal poverty level” (FPL).

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$12,880	\$17,774	\$19,320	\$25,760	\$32,200	\$38,640	\$51,520
2	\$17,420	\$24,040	\$26,130	\$34,840	\$43,550	\$52,260	\$69,680
3	\$21,960	\$30,305	\$32,940	\$43,920	\$54,900	\$65,880	\$87,840
4	\$26,500	\$36,570	\$39,750	\$53,000	\$66,250	\$79,500	\$106,000
5	\$31,040	\$42,835	\$46,560	\$62,080	\$77,600	\$93,120	\$124,160
6	\$35,580	\$49,100	\$53,370	\$71,160	\$88,950	\$106,740	\$142,320
7	\$40,120	\$55,366	\$60,180	\$80,240	\$100,300	\$120,360	\$160,480
8	\$44,660	\$61,631	\$66,990	\$89,320	\$111,650	\$133,980	\$178,640
9	\$49,200	\$67,896	\$73,800	\$98,400	\$123,000	\$147,600	\$196,800
10	\$53,740	\$74,161	\$80,610	\$107,480	\$134,350	\$161,220	\$214,960



NORWALK YOUTH SYMPHONY

2021-2022 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 Domestic Partnership 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 2021-22 FULL-YEAR TUITION and FEES INFORMATION (indicate assigned orchestra, if known)

<input type="checkbox"/> Prelude Orchestra	\$880	Amount you will be able to contribute**:	\$ _____
<input type="checkbox"/> Philharmonia Strings/Winds	\$880		
<input type="checkbox"/> Concert Orchestra	\$930	Amount you are requesting from	
<input type="checkbox"/> Principal Orch. (includes Carnegie Hall fee)	\$1,180	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 2020 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 **9-12-2021**.

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