



FINANCIAL AID APPLICATION

Consideration for Financial Aid in the form of a scholarship is given to students who demonstrate a clear financial need and show a high level of musical potential. This application should be completed by the parents or guardians of the student. Students receiving financial aid are expected to maintain a high standard of performance in their classwork and in their major instruction.

APPLICATION DEADLINE: Tuesday, April 15, 2025

Financial and Personal Information will be kept confidential by the committee reviewing this application. Incomplete applications will not be considered.

Financial Aid Application Requirements
<input type="checkbox"/> Completed Pre-College Division Financial Aid Application (this form) <input type="checkbox"/> An official copy of your 2023 IRS Tax Transcript <input type="checkbox"/> An official copy of your 2024 IRS Tax Transcript or IRS Federal Income Tax return <ul style="list-style-type: none"> ○ To request your IRS Tax Transcript, please visit: https://www.irs.gov/individuals/get-transcript ○ If no tax return was filed, please submit adequate proof of income, such as Form W-2, a 1099, a year-end pay stub or foreign equivalent. <input type="checkbox"/> Written statement with relevant financial and/or circumstantial information for the reviewing committee. <i>*REQUIRED*</i>

APPLICANT	
First & Last Name	
Instrument:	Date of Birth:
Street Address:	Phone:
City, State, Zip:	Email:
School/College Name:	Grade/Year in School (next September):

THIS SECTION MUST BE COMPLETED IF YOU ARE DEPENDENT OR UNDER AGE 18	
PARENT/GUARDIAN 1	
First & Last Name:	
Street Address:	
City, State, Zip:	
Occupation:	Annual Income (before deductions):
PARENT/GUARDIAN 2	
First & Last Name:	
Street Address:	
City, State, Zip:	
Occupation:	Annual Income (before deductions):

DEPENDENTS (Include Applicant)			
First & Last Name	Relationship to Applicant	Age	School/College Tuition Costs (incl financial aid awarded)

ASSETS AND RESOURCES (Enter current total value for ALL adults contributing to applicant expenses)	
Interest/Dividend Income	\$
Investments (stocks, Bonds)	\$
Real Estate holdings (include residence)	\$
Cash, Savings, Checking Account	\$
Alimony Received, if any (per month)	\$
Rental Income, if any (per month)	\$

UNTAXED INCOME	
Payments to Tax-Deferred Pensions and Savings Plans – On W-2, Box 13, codes D,E,F,G,H, and S, also portions of 401(k) and 403(b)	\$
Earned Income Credit	\$
Child Support Received	\$
Social Security Benefit (untaxed portion)	\$
Welfare Benefits	\$
Worker’s Compensation	\$
Other (please specify)	\$

OTHER INFORMATION	
Legally ordered child support you PAID over the last tax year	\$
Primary Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Mortgage/Rent paid per month: \$
Single Parent Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OUTSTANDING DEBTS (List all outstanding debts)	
	\$
	\$
	\$
	\$
	\$

I certify that the information disclosed on this form and in the attached statement is correct and complete.

Parent/Guardian Name (print) _____

Signature: _____ Date: _____