

Greater Twin Cities Youth Symphonies Financial Aid Application



For Office Use:

Date Rec'd: _____

Award amt: _____

Notes: _____

Please complete both pages of the application, printing legibly. By the deadlines listed below, send completed application, 2010 federal tax forms, and other GTCYS registration or acceptance materials to: GTCYS, 408 St. Peter Street, The Historic Hamm Building, Suite 300, St. Paul, MN 55102.

All information is confidential. Only complete applications will be considered.

Due to the limited availability of scholarship funds, financial need is the primary factor when determining awards. In order to provide assistance to as many families as possible, please consider how much you need financial assistance or determine if one of GTCYS' installment plans meet your needs.

DEADLINES:

2011-12 Academic Year Orchestras (Second Semester):

Applications due December 12, 2011; families will be notified by email by December 21, 2011)

PART A

Student Name(s) _____

Address _____ City, State _____ Zip _____

Current GTCYS Orchestra(s)/Program _____ Instrument(s) _____

Was this student a member of GTCYS in 2010 - 11? YES NO If yes, which group(s) _____

Does this student study privately? YES NO If yes, cost and frequency of lessons _____

Name of Parent(s)/Guardian(s) _____

Place of employment/title of mother/guardian _____

Place of employment/title of father/guardian _____

PART B Confidential Financial Information

*Because assistance is based on financial need, we require additional **strictly confidential** financial information.*

Please attach a copy of your 2010 Federal income tax return with your application. In the case of joint custody, both parents' incomes should be reported, and copies of both tax returns submitted.

Current Adjusted Gross Income, as reported on your most recent tax form:

Parent/Guardian #1: \$ _____ Parent/Guardian #2: \$ _____

Other income: \$ _____
Specify source: _____

Total Current Annual Income: \$ _____

Ages of all children living at home, including applicant _____

Other dependents? YES NO Please specify _____

Continued on next page

PART B (continued)

Do you receive other financial assistance for GTCYS or private lessons? YES NO

If yes, what amount? _____ Source _____

Do you qualify for the Federal Free or Reduced Price School Meals program? YES NO

If yes, which school district? _____

Are there any possible family sources of financial assistance? YES NO

If yes, please explain _____

How much financial assistance do you *hope* to receive from GTCYS? _____

In the space below or on an additional page, please explain any personal financial issues or special circumstances you feel should be considered:

GTCYS reserves the right to request additional family financial information if necessary.

PART C

We certify that we have provided current, accurate and truthful information. I understand that should I receive financial aid, I will be responsible for paying any tuition balance (not covered by the award) by indicated deadlines. In accepting financial assistance from GTCYS, we agree to continue participation in GTCYS for the full program and understand that the scholarship may be rescinded if we fail to meet the policies and procedures outlined on GTCYS' Participation Form.

Parent(s)/Guardian(s) Signature(s) Date

Student Signature(s) Date