

FINANCIAL AID APPLICATION

PLEASE MAIL THIS FORM TO:

The Conservatory

4059 Skyron Dr. Doylestown, PA 18902

ATTENTION: Rachael Gallagher, EXECUTIVE DIRECTOR

PHONE: (215) 340-7979

APPLICATION DATE: _____ SCHOOL YEAR 20____ SUMMER TERM 201____

Circle the Program the Student is enrolling in: PRIVATE LESSONS MUSIC THERAPY

Circle Private Lesson Length: 30 minute 45 minute 60 minute

Circle Area of Interest: Piano Flute Guitar Violin/Viola Drums Trumpet Cello Voice Other_____

The Conservatory is pleased to have limited funds available for the purpose of awarding tuition assistance grants to financially disadvantaged and deserving students. The following information will be held in confidence and will be used solely for the purpose of determining financial need.

If you have any questions regarding this application, please call the Conservatory office, (215) 340-7979 and direct your questions to the Executive Director. We are pleased that you have chosen the Conservatory for your artistic studies.

STUDENT'S NAME _____ AGE _____ DATE OF BIRTH ____/____/____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FATHER'S NAME (GUARDIAN) _____ S/S # _____

ADDRESS (if different from student) _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

EMPLOYER'S NAME _____ EMPLOYER'S PHONE _____

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MOTHER'S NAME (GUARDIAN) _____ S/S # _____

ADDRESS (if different from student) _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

EMPLOYER'S NAME _____ EMPLOYER'S PHONE _____

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

(PLEASE TURN OVER AND COMPLETE THE OTHER SIDE)

Tax Form

_____ **My most recent Tax Return is on File.**

_____ I have included a signed copy of my most recent completed Form 1040 Federal Income Tax return must accompany this application - include a copy of: W-2, 1099 and any scheduled required by the Internal Revenue Service, and, if applicable, a welfare form.

PLEASE COMPLETE THE FOLLOWING:

Do you own your home? Yes_____ No_____ Do you rent your home? Yes_____ No_____

What is your monthly mortgage/rent payment? \$_____ What is the student's annual income? \$_____

How many dependants' are in the household? _____

Do you have an expense for a dependent with a disability? If so, annual expense is \$_____

Do you have an expense for a dependent in a nursing home? If so, annual expense is \$_____

Do you or a dependent have unusual unreimbursed medical expenses? If so, annual expense is \$_____

Do you or your spouse receive any of the following? If so, list annual income.

Public Assistance \$_____ Child support \$_____

Social Security \$_____ Veteran income \$_____

Non-cash income housing provided \$_____ car provided \$_____

WELFARE NUMBER (IF APPLICABLE) _____

We understand that every family has unique responsibilities and expenses. Please list any extraordinary expenses that would affect your ability to pay tuition. (Please attached an additional sheet if needed)

I agree to attend lessons regularly and demonstrate reasonable progress. I understand that two consecutive non-communicated absences or excessive absences will result in discontinuance of lessons and tuition assistance.

Student's Signature (or parent, if appropriate)

I agree to cooperate with the Conservatory Office in keeping all payments current. I certify that the information provided above is complete and accurate.

Parent/Guardian Signature