



4059 Skyron Drive, Doylestown, PA 18902

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## **APPLICATION FORM FOR TUITION ASSISTANCE GRANT**

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### **General Information**

*(Please read carefully before completing application.)*

#### **ELIGIBILITY**

Financial assistance for private lesson tuition is available to Conservatory students of all ages. Adult Students or Parent(s) or legal guardian(s) must provide a complete picture of the household's financial situation by supplying all required documents. Incomplete applications without the required documents will not be considered. The Conservatory complies with all applicable federal, State, and local laws governing non-discrimination in its activities and operations.

#### **APPLICATIONS**

Applications are accepted on a rolling basis throughout the year. TAG is not guaranteed to all applicants and can only be applied to private lessons. Awards will be given so long as funds are available. Although TAG is limited and amounts vary each year due to fundraising efforts, The Conservatory will make every effort to assist those students who otherwise would be unable to study at The Conservatory.

#### **TAG RENEWALS**

**Awards are not automatically renewed from one year to the next.** Current recipients of TAG are required to submit a new application packet by June 2022.

#### **CONDITIONS OF GRANT**

TAG awards are for partial-tuition. Continuation of the award through the academic year in which it is given is contingent upon the following:

- Regular attendance of lessons. More than two absences may result in the termination of assistance. All attendance policies apply.
- Reasonable progress from lessons that indicates consistent practice at home.
- Students who qualify for TAG do not receive any additional registration discounts.
- Registration fees are paid in full and are not part of the grant.
- Monthly payments are expected on time. All enrollment policies apply.

#### **REQUIRED FINANCIAL DOCUMENTS must accompany this completed application.**

\_\_\_\_\_ Federal Tax Return (IRS form 1040) pages 1-2 required. Self-Employed or Business Owners: submit entire return.

\_\_\_\_\_ SSI      \_\_\_\_\_ Unemployment      \_\_\_\_\_ Child-Support      \_\_\_\_\_ Section 8 voucher

\_\_\_\_\_ Previous 2 months pay stubs for all wage earners in the family      \_\_\_\_\_ Free or reduced school lunch letter

#### **APPLICANT INFORMATION**

*(Please use additional forms to fill out just the applicant section for additional students.)*

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument(s) for which you are applying \_\_\_\_\_ Years of study \_\_\_\_\_

Is this a request for Music Therapy services? YES NO (please circle)

Is this a request for Adaptive Music lessons? YES NO (please circle)

Is this an application for a renewal of a previous scholarship? YES NO (please circle)

Are you currently enrolled at The Conservatory? YES NO (please circle)

Who is your Conservatory Teacher? \_\_\_\_\_

Who is your Conservatory Music Therapist? \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

*(To be completed by parents/guardians of dependent children)*

Parent/Guardian 1

Parent/Guardian 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Has this person been laid off in the past 12 months?  
YES NO

Has this person been laid off in the past 12 months?  
YES NO

Please indicate if Parent/Guardian 1 and Parent/Guardian 2 are:

Married Partnered Divorced Separated Single Widowed

Number of people in household \_\_\_\_\_ (include applicant)

Do you have any family members who you support who are not currently with you (i.e., college students or elderly parents)?      YES      NO      Please list their name, relationship, and age:

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Do you own or rent/lease your primary residence    OWN    RENT/LEASE    Est. Monthly Housing Expense \_\_\_\_\_

Do you own other real estate?    YES    NO    If yes, please provide details:

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Do you own a business?      YES    NO

Please list and describe any additional monthly expenses that you would like us to take into consideration in review of your application:

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**You have the option to include a written statement to accompany your application to clarify any of the above information that would adequately reflect your current household situation.**

*(To be signed by parent/guardian of dependent child)*

I certify that the answers and information provided on this form are accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed applications and documentation can be mailed to The Conservatory, 4059 Skyron Drive, Doylestown, PA 18902, emailed to [rgallagher@myconservatory.org](mailto:rgallagher@myconservatory.org), or dropped off at the front desk.

**FOR OFFICE USE ONLY**

Date application received \_\_\_\_\_ Amount of Award \_\_\_\_\_ Award Letter \_\_\_\_\_