

# Bloomington School of Music

323 West 108th Street · New York, New York 10025 · (212) 663-6021 · (212) 932-9429 FAX · WWW.BSMNY.ORG

## FINANCIAL AID FORM

*The information you supply will be confidential; only people directly concerned with granting financial aid will see it. It is important that you supply all the information requested. If information is missing, the application will not be reviewed.*

Date \_\_\_\_\_

1.) Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

2.) Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

### PARENT INFORMATION (for children living at home)

Mother's Name \_\_\_\_\_

Mother's Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Position \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Position \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

### ADULT STUDENT INFORMATION

Occupation \_\_\_\_\_ Position \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

### FINANCIAL INFORMATION

Mother's (or adult student's) yearly salary before deductions \_\_\_\_\_

Father's yearly salary before deductions \_\_\_\_\_

Mother's (or adult student's) yearly income from any other sources before deductions. Include rent from tenants, interest, dividends, royalties, gifts, etc: \_\_\_\_\_

Father's yearly income from any other sources before deductions. Include rent from tenants, interest, dividends, royalties, gifts, etc: \_\_\_\_\_

Home is \_\_\_\_\_ owned \_\_\_\_\_ rented. Monthly payment or rent on home \_\_\_\_\_.

Cars/trucks (list make, model, year) \_\_\_\_\_

Are there other special expenses such as unusual medical bills? (please also use the back of this form) \_\_\_\_\_

\_\_\_\_\_

Please provide any other information you feel would help the financial aid committee develop a clearer picture of your financial situation (please also use the back of this form) \_\_\_\_\_

**ENROLLMENT INFORMATION**

Please fill-out the following section carefully. List all lessons or classes for which you intend to enroll. **Please note: financial aid will only be granted for one (1) lesson or class per student.\*** Be sure to provide all of the required information to ensure that your application will receive a fair and timely response.

1.) Student \_\_\_\_\_

Class #1 \_\_\_\_\_ Cost Per Semester \_\_\_\_\_

Class #2 \_\_\_\_\_ Cost Per Semester \_\_\_\_\_

2.) Student \_\_\_\_\_

Class #1 \_\_\_\_\_ Cost Per Semester \_\_\_\_\_

Class #2 \_\_\_\_\_ Cost Per Semester \_\_\_\_\_

**TOTAL COST** \_\_\_\_\_

**Maximum amount I can afford** \_\_\_\_\_

**Amount of aid requested** \_\_\_\_\_

\* Not including Theory and Chamber Music. Financial aid may be awarded for these classes in addition to a primary lesson.

**TOTAL FAMILY INCOME MUST BE VERIFIED.** Please attach a copy of your most recent **Federal Income Tax Form 1040** as proof of income. Include all forms of assistance: public assistance, child support, alimony, etc. Your application cannot be processed without this information. All information will be held in the strictest confidence. All financial aid granted is subject to review at the end of each respective school semester. Teacher's reports and attendance records will be weighed heavily in determining any continued financial aid.

**CERTIFICATION**

I do hereby affirm that all of the information I have provided on this form is true to the best of my knowledge. I understand that if my circumstances change, I will notify the committee immediately. I also understand that any false or misleading statements on this financial aid form may result in cancelation of the award.

\_\_\_\_\_  
Signature of parent or adult student