



FINANCIAL AID FORM

323 West 108th Street, New York, NY 10025 • 212-663-6021 • 212-932-9429 (Fax) • www.bsmny.org

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 _____

School _____ Birthdate _____

2.) Student's Name _____

School _____ Birthdate _____

Address _____

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 _____

Email Address _____ Cell Phone _____

Father's Name _____

Father's Address (if different) _____ Phone _____

Father's Occupation _____ Position _____

Place of Employment _____ Work Phone _____

Email Address _____ Cell 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 alimony, child support, rent from tenants, interest, dividends, royalties, gifts, etc: _____

Father's yearly income from any other sources before deductions. Include alimony, child support, rent from tenants, interest, dividends, royalties, gifts, etc: _____

Home is _____ owned _____ rented. Monthly payment or rent on home _____

Cars/trucks (list make, model, year) _____

If the student(s) attend a private school, how much is the tuition? Do they receive financial assistance from the school, and if so, how much? _____

Please provide any other information you feel would help the financial aid committee develop a clearer picture of your financial situation, such as unusual medical bills or other special expenses. (Please attach a separate piece of paper if necessary)

Please describe the student(s)' involvement in music (prior lessons, participation in school or extracurricular programs. Please attach a separate piece of paper if necessary). _____

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 per student. Second classes of chamber music, orchestra, or other ensembles will be considered. Be sure to provide all of the required information to ensure that the review of your application is not delayed.

1.) Student _____
Class(es) _____ Cost Per Semester _____

2.) Student _____
Class(es) _____ Cost Per Semester _____

Total Cost _____
Maximum amount I can afford _____
Amount of aid requested _____

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