



2019-2020
FINANCIAL AID APPLICATION

STUDENT/FAMILY INFORMATION

List Name(s) of Student(s) requesting Financial Aid _____

Address _____

City _____

State _____

Zip Code _____

Home or Cell Phone _____

Primary Parent/Guardian's Email (list the one used most often) _____

CONFIDENTIAL INFORMATION

Primary Adult's Name _____

Secondary Adult's Name _____

Employer's Name _____

Employer's Name _____

Occupation _____

Occupation _____

Full Time ☐ Part Time ☐ Not Working ☐

Full Time ☐ Part Time ☐ Not Working ☐

If one adult is omitted, please explain: _____

Combined Annual income of adults as reported to the IRS: _____

Does your family: ☐ Own home ☐ Rent home ☐ Other _____

Including the student, how many children under the age of 18 are living in your household? _____

Other dependents? ☐ Yes ☐ No Please Specify: _____

Do you qualify for the Federal Free and Reduced Price School Meal Program? ☐ Yes ☐ No

Do you currently take private lessons? ☐ Yes ☐ No

How many brothers and sisters are currently enrolled in MB-FYS? _____

Are there any special financial circumstances you feel the Committee should consider while evaluating your application? Attach additional pages, if necessary. _____

FINANCIAL STATEMENT

Sinfonette Orchestra \$370

Junior Orchestra \$450

Youth Orchestra \$475

Amount you will be able to contribute ☐ 25% ☐ 50% ☐ 75% ☐ Other _____

Amount you are requesting from the FA Committee: \$ _____

Funds of Financial Assistance are limited. In order to effectively award funds to MB-FYS students, we ask that you seriously consider your need for assistance prior to submitting this application. All information provided will be held in the strictest confidence. MB-FYS reserves the right to request additional information if needed. Please note:

- ♦ 100% tuition assistance is not available
- ♦ All applicants are expected to pay, at minimum, 25% tuition to participate in MB-FYS
- ♦ Members receiving financial assistance are responsible for set-up and tear-down of the rehearsal rooms. If a member is too young to handle this responsibility, a parent or guardian must assist.

I understand that the information on this application for Financial Assistance is true to the best of my knowledge.

Signature of Parent/Guardian _____

Date _____