

Santa Cruz County Youth Symphony

**FINANCIAL AID APPLICATION**

*Please complete the following form to be eligible for assistance.*

*All information on this form and attached documents will be kept confidential.*

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Musician Name (last/first)	/	Instrument	/	Date of birth
Mother/Guardian's Name	/	Father/Guardian's Name		

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**I. Parent/Guardian Employment Information**

Name of financially responsible parent/guardian \_\_\_\_\_

Number of family dependants and ages \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Annual Employment Income \_\_\_\_\_ Other Income \_\_\_\_\_

Name of second financially responsible parent/guardian \_\_\_\_\_

Number of family dependants and ages \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Annual Employment Income \_\_\_\_\_ Other Income \_\_\_\_\_

**II. Aid Requested:** \_\_\_\_\_

SCCYS tuition does not cover the full cost of participation in the orchestra program. Our board and staff work hard to solicit funds to help cover these costs. Please select a financial aid amount that allows you to participate to the best of your ability. Most awards are in the \$50 - \$200 dollar range, but larger awards are possible in extreme cases of need.

**III. Does your child qualify for his/her school's lunch program?** YES NO

**IV. Does musician study privately?** YES NO Fee per lesson \_\_\_\_\_ Frequency \_\_\_\_\_

V. Use the space below to describe the reason(s) you are requesting financial assistance. If you feel that there are any unusual circumstances that should be considered, please explain.

VI. **Attach a copy of your most recent Tax Return Statement** (front page only) and anything else that you think may help you establish proof of income. You may block out your Social Security Number.

VII. I certify that the information given in this application is complete and correct.

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Financially responsible Parent/Guardian signature / date