



Greater Twin Cities Youth Symphonies Financial Aid Application

For Office Use:

Date Rec'd:

Award amt:

Notes:

Please send completed application along with other acceptance materials to:
GTCYS, 528 Hennepin Ave., Suite 404, Minneapolis, MN 55403
Due by July 9, 2010
Families will be notified of decisions in writing by July 30, 2010

Due to the limited availability of scholarship funds, financial need is the primary factor when determining awards. In order to provide assistance to as many families as possible, please seriously consider how much you need financial assistance or determine if one of GTCYS' installment plans meet your needs.

Please complete both sides of the application, printing legibly. **All information is held in the strictest confidence. Only complete applications will be considered.**

PART A

Student Name(s) _____

Address _____ City, State _____ Zip _____

GTCYS 10-11 Orchestra(s) _____ Instrument(s) _____

Was this student a member of GTCYS in 2009 - 10? YES NO If yes, which group _____

Does this student study privately? YES NO If yes, cost and frequency of lessons _____

Name of Parent(s)/Guardian(s) _____

Place of employment/title of mother/guardian _____

Place of employment/title of father/guardian _____

PART B

Confidential Financial Information

*Because assistance is based on financial need, we require additional **strictly confidential** financial information.*

Please attach a copy of your 2009 Federal income tax return with your application. In the case of joint custody, both parents' incomes should be reported, and copies of both tax returns submitted.

Current Adjusted Gross Income, as reported on your most recent tax form:

Parent/Guardian #1: \$ _____ Parent/Guardian #2: \$ _____

Other income: \$ _____
Specify source: _____ **Total Current Annual Income:** \$ _____

Ages of all children living at home, including applicant _____

Other dependents? YES NO Please specify _____

Do you receive other financial assistance for GTCYS or private lessons? YES NO

If yes, what amount? _____ Source _____

PART B (continued)

Do you qualify for the Federal Free or Reduced Price School Meals program? YES NO

If yes, which school district? _____

Are there any possible family sources of financial assistance? YES NO

If yes, please explain _____

How much financial assistance do you *hope* to receive from GTCYS? _____

In the space below or on an additional page, please explain any personal financial issues or special circumstances you feel should be considered:

GTCYS reserves the right to request additional family financial information if necessary.

PART C

We certify that we have provided current, accurate and truthful information. I understand that should I receive financial aid, I will be responsible for paying any tuition balance (not covered by the award) by indicated deadlines. In accepting financial assistance from GTCYS, we agree to continue participation in GTCYS for the full 2010 - 2011 season and understand that the scholarship may be rescinded if we fail to meet the policies and procedures outlined on GTCYS' Participation Form.

Parent(s)/Guardian(s) Signatures

Date

Student Signature(s)

Date