

APPLICATION FOR FINANCIAL AID

The deadline for submitting this form is **January 10, 2018**.
 Financial aid will not be considered unless this form is fully completed
 and accompanied by a copy of your most recent (2016) income tax statement.

Name of Applicant: _____

Address: _____

Telephone: _____ Parent's Email address: _____

School Name: _____

Instrument(s) for which you are applying: _____ Grade: _____

Residential or Day Student: _____

Father's Name: _____ Occupation: _____

Address (if different from above): _____

Place of Employment: _____ Yearly Income: _____

Mother's Name: _____ Occupation: _____

Address (if different): _____

Place of Employment: _____ Yearly Income: _____

DEPENDENTS

NAME	AGE	OCCUPATION	INCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER FINANCIAL RESPONSIBILITIES

Rent/Mortgage per month: _____

List outstanding debts: _____

Other considerations: _____

TAX FORMS AND INCOME INFORMATION

1. For **all tax filers** whose financial information was (or should have been) reported on your application, please attach signed copies of your most recent Federal Income Tax Returns (includes the 1040, 1040A, 1040EZ, TeleFile Tax Record, a tax return from Puerto Rico or a foreign income tax return). Please include all schedules and attachments.

If you did not keep a copy of your tax return, you may request an RTFTP printout or Letter 1722 from the Internal Revenue Service or obtain another copy from your tax preparer. You can also request a tax return transcript by phoning the IRS at 1 (800) 829-1040. When you call, press 3 to access your personal tax records, enter your social security number and press 1 to request your tax return transcript. You will also be prompted for your address.

2. For all **non-tax filers** – check the boxes for those people who did not and are not required to file a Federal Income Tax Return. List below the employer and any income received in 2016 (use W-2’s or other earnings statements). Non-tax filers must also submit a copy of their bank statements for the past six months.

Name of Employer	Income

3. Both **tax filers and non-tax filers** must list any untaxed income received in 2016.

2016 Untaxed Income	Amount
Payments to Tax-Deferred Pensions & Savings Plans - on W-2, Box 13, codes D, E, F, G, H, and S, also untaxed portions of 401(k) and 403(b).	\$
Earned Income Credit	\$
Child Support Received	\$
Social Security Benefit (untaxed portion)	\$
Welfare Benefits	\$
Worker’s Compensation	\$
Other (please specify)	\$

List any child support you PAID OUT in the 2016 calendar year \$ _____

I certify that the information disclosed on this form is correct and complete.

Parent’s or Guardian’s Signature: _____ Date: _____

Information regarding income will be held in strictest confidence.