

Financial Aid Application, page 1

Section 1. To be completed by the VYOA office:

Program Fee: \$_____ We must receive this application in our office no later than _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Vermont Youth Orchestra | <input type="checkbox"/> Vermont Youth Philharmonia | <input type="checkbox"/> Vermont Youth Sinfonia |
| <input type="checkbox"/> Vermont Youth Strings | <input type="checkbox"/> Vermont Youth Chamber Winds | <input type="checkbox"/> Presto |
| <input type="checkbox"/> VYOA Music Theory Classes | <input type="checkbox"/> Music Day Camp | |
| <input type="checkbox"/> VYO Chorus | <input type="checkbox"/> VYO Concert Chorale | |

Section 2. To be completed by the applicant(s):

Student's Name: _____ Phone: _____

Parent's Name(s): _____

Mailing Address: _____

Section 3. Instructions:

It is the policy of the Vermont Youth Orchestra Association to provide financial aid, to the extent that our limited resources allow, for applicants who are truly in need, and who otherwise would be unable to participate. Before applying for financial aid, please consider carefully your family's spending priorities and your child's dedication to the program. Thank you.

1. Please note the return date requested in Section 1 above.
2. Complete section 3 above.
3. Complete in full AND SIGN page two of this application.
4. Enclose one copy of all federal forms 1040 (with all schedules) most recently filed by each member of your family. We regret that we cannot process your application without these forms.
5. Enclose this page, page two, and your forms 1040 in an envelope addressed to:

Review Committee
Vermont Youth Orchestra Association
223 Ethan Allen Ave.
Colchester, VT 05446

The Vermont Youth Orchestra Association assures that the information requested will be held in confidence. Your application and forms 1040 will be reviewed only by the Financial Aid Committee. This committee will consist of the VYOA Executive Director and three Board members each of whom has agreed to hold all information submitted in the utmost confidence. This application and your attached federal tax forms will be shredded after processing, or will be returned to you if you provide a stamped, self addressed envelope for that purpose.

OVER →

Financial Aid Application, page two

All information requested must be provided in full. One copy of all federal forms 1040 (with all schedules) most recently filed by each member of your family must be enclosed. We regret that we cannot process incomplete applications. If you wish to do so, please attach a letter explaining any special circumstances which you feel should be considered.

APPLICANT INFORMATION

Student Name: _____ Date: _____

Program (e.g. VYO, VYP): _____ Program Fee: \$ _____ Applying for aid in the amount of: \$ _____

FAMILY INFORMATION LIST NAMES AND AGES OF DEPENDENTS, AND DEGREE OF DEPENDENCY (E.G. "FULL", "HALF", etc.)

IF YOU RECEIVE CHILD SUPPORT PAYMENTS, PLEASE PROVIDE INFORMATION HERE:

INDICATE ALL FINANCIAL AID PROGRAMS FOR WHICH YOU PRESENTLY QUALIFY:

- | | | | |
|-------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> ANFC | <input type="checkbox"/> DR. DYNASAUR | <input type="checkbox"/> FOOD STAMPS | <input type="checkbox"/> PROPERTY TAX REBATE |
| <input type="checkbox"/> VSAC | <input type="checkbox"/> SCHOOL LUNCH | <input type="checkbox"/> FOSTER PARENTS | _____ |
| <input type="checkbox"/> WIC | <input type="checkbox"/> SSI | <input type="checkbox"/> TOOTH FAIRY | _____ |

MOTHER OR GUARDIAN INFORMATION

Name: _____ Relationship to Applicant: _____

Occupation/Title: _____ Employer: _____

Employer Address (STREET, CITY, STATE): _____

Earnings this year: _____ Earnings last year: _____

Equity in Real Estate: _____ Value of Savings Account: _____

Value of other investments (Do not list IRA, SEP, KEOGH, or 401K accounts): _____

FATHER OR GUARDIAN INFORMATION

Name: _____ Relationship to Applicant: _____

Occupation/Title: _____ Employer: _____

Employer Address (STREET, CITY, STATE): _____

Earnings this year: _____ Earnings last year: _____

Equity in Real Estate: _____ Value of Savings Account: _____

Value of other investments (Do not list IRA, SEP, KEOGH, or 401K accounts): _____

Signature(s) of Parent(s): _____

I (WE) HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TO THE BEST OF MY (OUR) ABILITY, AND I (WE) BELIEVE THEM TO BE CORRECT. I (WE) AFFIRM THAT, WITHOUT THE AID REQUESTED ABOVE, IT WOULD BE A STRUGGLE FINANCIALLY TO ENROLL MY (OUR) CHILD IN THIS PROGRAM.