

VYOA 2019-20 Tuition Contract: Orchestras

Please return this Tuition Contract **no later than July 15, 2019**

The VYOA is committed to ensuring that all students who are placed in an ensemble are able to participate and offer generous financial aid support to qualifying families with a combined household income up to \$120,000.

STUDENT NAME: _____
(Please complete a tuition contract for each child participating)

TUITION DUE

The undersigned agrees to pay the required fees as specified below. **Please check one of the following payment options below:**

Option #1 - Tuition in Full (Due July 15, 2019):

Vermont Youth Orchestra = \$1,875 Vermont Youth Philharmonia = \$1,550 Vermont Youth Strings = \$850

Option #2 - Tuition Payment Plan* (50% down, then 5 monthly payments, Aug. 15 – Dec. 15, 2019):

Vermont Youth Orchestra = \$937.50 (July 15; check or credit card), \$193.00/month (credit card only)

Vermont Youth Philharmonia = \$775.00 (July 15; check or credit card), \$159.50/month (credit card only)

Vermont Youth Strings = \$425 (July 15; check or credit card), \$87.50/month (credit card only)

*Incl. 3% installment fee, will be automatically charged to credit or debit card. Complete credit card information below.

Option #3 – Financial Aid Application (see application for details)

I wish to apply for Financial Aid and I am submitting the application with my \$50 deposit. **Due June 21, 2019**

PAYMENT METHOD

Enclosed is my check payable to “VYOA”

I wish to use my (please circle one) Master Card Visa (We no longer accept Discover or AMEX)

Card number: _____ Expiration Date: _____ Billing Zip Code: _____

Name (as it appears on card): _____

Signature (for authorization of credit card payment): _____

Please initial both of the following:

_____ *I understand that my obligation to pay the fees for the full concert season is unconditional and that after my child's first Reveille or Mini-Camp rehearsal, no portion of fees paid or outstanding will be refunded or cancelled in the event of absence, withdrawal, or dismissal from the organization of the above student.*

_____ *I understand that I am obligated to pay the tuition in full according to the payment option I selected above. I further understand that a 3% installment fee is added if I have chosen option 2.*

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signature of parent or guardian responsible for the student:

Signature: _____ Printed Name: _____ Date: _____

Thank you for supporting your child's music education!



Medical Information & Authorization Form

Please print clearly & return form by **July 15, 2019**

This form must be completed by a parent/guardian prior to the first rehearsal!

Student Name: _____

Name of student's VYOA ensemble: _____ T-Shirt size (adult): XS S M L XL

Gender: Male Female Date of Birth: ____/____/____ Date of last tetanus shot: ____/____/____

Parent/Guardian 1

Parent/Guardian 2

Name: _____

Street: _____

City, State, Zip: _____

Home Phone: (____) _____

(____) _____

Work/Cell: (____) _____

(____) _____

Emergency Contact (if no Parent/Guardian is available)

Name: _____

Relation to Student: _____

Home Phone: (____) _____

Work/Cell Phone: (____) _____

Student's Doctor Information

Doctor's Name: _____

Insurance Information

Insurance Company: _____

Practice Name: _____

Policy/Group No.: _____

Phone: (____) _____

ID Number: _____

The following information will remain confidential:

Dietary Restrictions: _____

Medications/purpose/special instructions:

Health issues (including allergies) of which the VYOA should be aware:

My child has permission to receive the following medications from VYOA staff if he/she requests it:

- Tylenol (acetaminophen) Advil (ibuprofen) Antacid Benadryl

In the event of an emergency, if a parent or guardian cannot be reached, I give permission for my child to be treated by a qualified physician selected by the VYOA administration, who may hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child named herein. To the best of my knowledge, I have listed my child's medical conditions and allergies on this form.

My child has permission to participate in all VYOA activities.

I agree to reimburse the VYOA for any such treatment and/or related expenses incurred on my child's behalf during a VYOA event. I release the VYOA, its officers, agents, and employees from any liability related in any way to this authorization.

Signature of Parent/Guardian: _____ Date: _____

Please return form to VYOA by July 15, 2019 via standard mail, in person, email scan, or fax to 802-655-5034.



2019-2020 Media Consent

By accepting your placement in a VYOA ensemble or program, you agree to your child being photographed or video-recorded in a concert setting or special event for archival or promotional purposes for the entirety of the season.

We do require your approval before proceeding with the following special media activities:

- Your child speaking with a member of the media for the sole purpose of promoting a specific concert or event. *Please note: VYOA staff members supervise all media activity with students.*
- The use of your child's photograph in various publicity and marketing efforts (e.g. reports, posters, brochures, programs, etc.) throughout the season. *Please note: Students names are not used.*
- Photos taken during the season may also be posted on our website and social media outlets (e.g. Facebook, Twitter, and Instagram). *Please note: Students names are not used.*

Student's Name _____

Student's Address _____

Student's Orchestra or Ensemble _____

_____ Yes, I approve of the above outlined media practices.

_____ No, I do not consent to the media policy. My child will only be videotaped for performances.

Parent's | Guardian's Signature _____ Date _____

2018-2019 Parent Volunteer Sign-Up

Throughout the year, the VYOA relies on parent volunteers to help perform tasks essential to our operations. Please consider joining our volunteer email list!

Name: _____ Email: _____

- Areas of volunteer interest (check all that apply):*
- Office help (mailings, database entry, etc.)
 - Flynn concert set-up/tear down
 - Online Auction committee
 - Equipment transport
 - Chaperone (school tours, concerts)
 - Concert day front-of-house (tickets, merchandise sales)
 - Postering around town
 - Front Porch Forum postings

Please return this form no later than July 15, 2019

2019-20 Financial Aid Application

The Vermont Youth Orchestra Association awards 10%-15% of tuition revenue in financial aid to students annually. We are committed to ensuring that all students who are placed in an ensemble are able to participate. The VYOA is offering financial aid support to qualifying families with a combined household income up to \$120,000. In addition to the household income threshold, the following criteria must be met to be eligible.

Eligibility Requirements:

1. All 2018-19 tuition has been paid in full.
2. Page 2 of this application has been completed in full and signed.
3. Enclosed is one copy of federal form 1040, along with all schedules and attachments of your most recently filed tax return by each member of your family. The forms must be signed by the tax payer(s). *Applications will not be processed without these forms.*
4. Vermont Form HI-144
5. Letter explaining any special circumstances you feel should be considered (not required).

Application Process and Timeline:

Friday, June 21, 2019 – Applications due

All information must be provided in full. Send the completed and signed application along with your form 1040 to:

VYOA Review Committee
223 Ethan Allen Ave.
Colchester, VT 05446

No later than Wednesday, July 12, 2019 – Award notifications are sent via email

Monday, July 15, 2019 – Signed tuition contracts are due

The Vermont Youth Orchestra Association assures that the information requested will be held in strict confidence. Please note that determination of financial aid is a blind process where applicants' names remain anonymous to members of the Financial Aid Review Committee. The VYOA recognizes the commitment made by the families in our programs and works to ensure that all students can participate. 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.

2019-20 Financial Aid Application (Must be completed in full)

APPLICANT INFORMATION

Date: _____

Student(s) Name: _____ Phone: _____

Parent's Name(s): _____

Mailing Address: _____

Please check all program(s) below:

- | | |
|---|---|
| <input type="checkbox"/> Vermont Youth Orchestra (\$1,875) | <input type="checkbox"/> Prelude! (\$700) |
| <input type="checkbox"/> Vermont Youth Philharmonia (\$1,550) | <input type="checkbox"/> Da Capo (\$150) |
| <input type="checkbox"/> Vermont Youth Strings (\$850) | <input type="checkbox"/> Lesson Program (\$1,200/\$1,500/\$1,800) |
| <input type="checkbox"/> Presto (\$100) | |

REQUIRED: Total 2019-20 Tuition Due: \$ _____ 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:

ANFC DR. DYNASAUR FOOD STAMPS PROPERTY TAX REBATE VSAC
 WIC SSI SCHOOL LUNCH FOSTER PARENTS

MOTHER/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/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): _____ **Date:** _____

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.