

**VYOA 2022-2023 Tuition Contract due July 15, 2022**

Financial Aid Application due June 24, 2022

**STUDENT NAME:** \_\_\_\_\_  
(Please complete a tuition contract for each child participating)

**TUITION DUE**

**Option #1** - Tuition in Full (July 15, 2022), check or credit/debit card

- Vermont Youth Orchestra = \$1,900
- Vermont Youth Philharmonia = \$1,575
- Vermont Youth Strings = \$875

**Option #2** - Tuition Payment Plan\* (50% down, then 8 monthly payments), deposit can be made with check or credit/debit card:

- Vermont Youth Orchestra** = \$950 (July 15, 2022), \$123.50\*/month (Aug. 15 – March 15)
- Vermont Youth Philharmonia** = \$787.50 (July 15, 2022), \$102.38\*/month (Aug. 15 – March 15)
- Vermont Youth Strings** = \$437.50 (July 15, 2022), \$56.88\*/month (Aug. 15 – March 15)

\*Incl. 4% installment fee, automatically charged to credit/debit card. Complete credit card information below.

**Financial Aid Application (Due June 24, 2022 - see application for details)**

The VYOA is committed to ensuring that all students who are placed in an ensemble are able to participate. Generous financial aid support is available to qualifying families with an adjusted gross income up to \$120,000.

- I wish to apply for Financial Aid and I am submitting the application with my \$50 deposit.

**PAYMENT METHOD**

- Enclosed is my check payable to "VYOA". **REQUIRED:** A credit card or ACH information is provided for monthly payments.
- ACH payments available with voided check.
- Credit Card information: **REQUIRED** (please circle one)      Master Card    Visa    AMEX

This card will be charged on the 15th of the month (or first following business day) through March 15 for payment plans.

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature (for authorization of credit card payment): \_\_\_\_\_

Please initial the following:

\_\_\_\_\_ *I understand that my obligation to pay the fees (regardless of payment option) for the full concert season is unconditional and that after my child's first 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.*

*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!**

## 2022-2023 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 an adjusted gross 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 2022-2023 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 24, 2022 – Applications due in the VYOA offices by 5pm.**

All information must be provided in full.

Send the completed and signed application, support documents (listed above), and a \$50 deposit to:

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

**Friday, July 8, 2022** – Award notifications are sent via email

**Friday, July 15, 2022** – Signed tuition contracts with payment 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.

**2022-2023 Financial Aid Application (Must be completed in full)**

**APPLICANT INFORMATION**

Date: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please check all that apply below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Vermont Youth Orchestra (\$1,900)    | <input type="checkbox"/> Prelude! (\$450)         | <input type="checkbox"/> Da Capo (\$160)          |
| <input type="checkbox"/> Vermont Youth Philharmonia (\$1,575) | <input type="checkbox"/> Presto (\$125)           | <input type="checkbox"/> Percussion Ens (\$160)   |
| <input type="checkbox"/> Vermont Youth Strings (\$875)        |   |   |
| <input type="checkbox"/> Lesson Program (\$1,200)             | <input type="checkbox"/> Lesson Program (\$1,500) | <input type="checkbox"/> Lesson Program (\$1,800) |

**REQUIRED:**

Total 2022-2023 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:

- |                               |                                       |                                       |  |                               |
|-------------------------------|---------------------------------------|---------------------------------------|--|-------------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> DR. DYNASAUR | <input type="checkbox"/> 3SQUARESVT   | <input type="checkbox"/> PROPERTY TAX REBATE | <input type="checkbox"/> VSAC |
| <input type="checkbox"/> WIC  | <input type="checkbox"/> SSI          | <input type="checkbox"/> SCHOOL LUNCH | <input type="checkbox"/> FOSTER PARENTS      |                               |

**Parent/Guardian 1**

**Parent/Guardian 2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Earnings this YTD: \_\_\_\_\_

Earnings this YTD: \_\_\_\_\_

Earnings last year: \_\_\_\_\_

Earnings last year: \_\_\_\_\_

Equity in Real Estate: \_\_\_\_\_

Equity in Real Estate: \_\_\_\_\_

Value of Savings Account or other investments: \_\_\_\_\_

Value of Savings Account or other investments: \_\_\_\_\_

(Do not list IRA, SEP, KEOGH, or 401K accounts)

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**Signature(s) of Parent(s)/Guardians(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.

**Medical Information & Authorization Form**

Please print clearly & return form by **July 15, 2022**  
*This form must be completed by a parent/guardian prior to the first rehearsal!*

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's VYOA ensemble: \_\_\_\_\_ T-Shirt size (adult): XS S M L XL

Gender: Male Female Prefer not to identify Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian 1**

**Parent/Guardian 2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell: \_\_\_\_\_

Work/Cell: \_\_\_\_\_

**Emergency Contact** (if no Parent/Guardian is available)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Student's Doctor Information**

**Insurance Information**

Doctor's Name: \_\_\_\_\_

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 requested by my child:

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, 2022 via standard mail, in person, email scan, or fax to 802-655-5034.



**2022-2023 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 \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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**2022-2023 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!

*Areas of volunteer interest (check all that apply):*

- Office help (i.e. mailings)
- Concert set-up/tear down (i.e. Flynn, ELMC)
- Chaperone (i.e. school tours, concerts)
- Online Auction committee
- Equipment transport
- Concert day front-of-house (i.e. tickets, merchandise sales)
- Postering around town
- Front Porch Forum postings

***Please return this form no later than July 15, 2022***