

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 2021-2022 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! (\$500) | <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)

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

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.