

2023 Summer Symphony Financial Aid Application

Last Day to Submit: **Friday, May 26, 2023** (Must be completed in full)

Send materials and \$50 non-refundable registration fee to: VYOA Review Committee, 223 Ethan Allen Avenue, Colchester, VT 05446

The Vermont Youth Orchestra Association awards over \$40,000 in financial aid to students annually and is committed to ensuring that all students are able to participate. Qualifying families with a combined household income of \$120,000 or less are eligible to apply. All financial information is kept strictly confidential. ***We cannot process your application without the forms listed below.***

- One copy of federal form 1040, along with all schedules of your most recently filed tax return (preferably 2022). The forms must be signed by the tax payer(s).
- 2022 Vermont Form HI-144.
- Optional: Letter explaining any special circumstances you feel should be considered.

APPLICANT INFORMATION

Date: _____

Student(s) Name: _____ Phone: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

REQUIRED: 2023 SSC Tuition Due: \$225

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:

TANF DR. DYNASAUR 3SQUARESVT PROPERTY TAX REBATE VSAC
 WIC SSI SCHOOL LUNCH FOSTER PARENTS

Parent/Guardian 1

Name: _____

Relationship: _____

Occupation/Title: _____

Employer: _____

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)

Parent/Guardian 2

Name: _____

Relationship: _____

Occupation/Title: _____

Employer: _____

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)

****Please note: all applications are reviewed in the order they are received. You are encouraged to apply early.**

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.