



The Capitol Symphonic Youth Orchestras

Application for Tuition Assistance

- All information will be held in strictest confidence.
- ONLY accepted students qualify for Partial Tuition Assistance.
- Students must re-apply for financial assistance for every program separately.
- No application will be considered without verification of financial information.

<u>For Office Use</u>
Date Receive: _____
Amount: \$ _____
Notes: _____

Send completed Form to:

TCSYO Tuition Committee, 3240 Fox Mill Road, Oakton, VA 22124

PLEASE NOTE: Because limited tuition assistance funds are available, financial need is a major factor to be considered in the awarding of most tuition assistance funds. In order to make TCSYO accessible to all talented young musicians, please give serious consideration for applying for this assistance. All applicants will be notified in writing of the Tuition Committee's decisions, which are final.

Name of applicant (student) _____ Date of Birth: _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Current School _____ Current Grade: _____

Current School Music Director _____

PART A

Do you qualify for the Federal free or reduced lunch program at school? YES NO

Please, circle one, if applicable: Reduced Lunch Free Lunch

If you qualify, what school district? _____

PART B

Instrument _____ How long has student played this instrument? _____ years.

Does the student study with a Private Teacher? YES NO

If yes, Name of Private Teacher _____ Phone _____

Does student participate in his/her school music ensembles? YES NO

If yes, where? _____

If no, why not? _____

PART C

Name of Parent(s)/Guardian(s) _____
 Occupation of Father/Guardian _____ Work Phone _____
 Place of Employment/Title _____ Full-time _____ Part-time _____
 Occupation of Mother/Guardian _____ Work Phone _____
 Place of Employment/Title _____ Full-time _____ Part-time _____

PART D**CONFIDENTIAL FINANCIAL INFORMATION**

*In order to help us to determine how best to allocate our limited resources, and since this assistance is based on financial need, we will need some additional **strictly confidential** financial information.*

Ages of all children living at home, including applicant _____

Other dependents? Please specify _____

Father's/Guardians Income \$ _____/year

Mother's/Guardians Income \$ _____/year

Other Family Income \$ _____/year

Government assistance \$ _____/year Explain _____

Total yearly Income for Household \$ _____/year

Income verification: TCSYO needs to verify all income claimed on this form. This may be in the form of copies of the most recent IRS 1040 Tax Forms or W2 Forms or Pay Stubs from the last 30 days. Please provide documents in a sealed envelop, with a parental/guardian signature across the seal.

TCSYO reserves the right to request additional family financial information, if necessary.

We at TCSYO hope that by accepting any TCSYO' partial tuition assistance, you will take an active role and the responsibility of helping to support The Capitol Symphonic Youth Orchestras by participating in fundraising and promotional activities, assisting at rehearsals and concerts, which will in return provide more opportunities to other deserving members.

I AGREE

PART F

We certify that all of the above information in this application is true and correct. In accepting partial financial assistance from TCSYO, we agree to continue participation in TCSYO's orchestra program until its conclusion. We also understand that if we do not fulfill this obligation, we will be asked to repay the full amount of the tuition assistance funds that was awarded to us.

Parent(s)/Guardian(s) signature _____ Date _____

Student signature _____ Date _____