



ORCHESTRA IOWA SCHOOL

Application for Financial Assistance

Individual Lessons

(please print clearly or type)

TO THE APPLICANT:

Please fill out SECTION I and II for each individual student. SECTION III only needs to be completed once per family.

SECTION I: Family Information (complete for each student)

PARENT/GUARDIAN NAME		EMAIL ADDRESS
STREET ADDRESS	CITY/STATE/ZIP	PHONE NUMBER (and area code)
STUDENT NAME	PRIVATE LESSON INSTRUCTOR	

SECTION II: Program Information (complete as appropriate for each student)

PROGRAM	Lesson Length (please circle)	PROGRAM FEE (per month, see program fees)
Individual Lessons	30 45 60	Line A \$
Anticipated duration of scholarship (in months, not to exceed 12 months)		Line B _____ months

OFFICE USE ONLY	
APPLICATION REC'D:	
<input type="checkbox"/> APPROVED AS SUBMITTED	<input type="checkbox"/> APPLICATION DENIED
<input type="checkbox"/> APPROVED AS AMENDED	APPROVED ASSISTANCE BY %
SCHOOL MANAGER SIGNATURE/DATE	

Line C (A x B)	PROGRAM FEE	\$
LINE D	AMOUNT OF FINANCIAL AID REQUESTED	\$
LINE E (C - D)	FAMILY CONTRIBUTION	\$

SECTION III: Financial Information (complete once per family)

PLEASE PROVIDE ANSWERS TO THE FOLLOWING:	Actual Last Completed Tax Year	Estimated Current Tax Year
1. What is your total household gross income? <i>(as stated on Form 1040, 1040A or 1040EZ)</i>	\$	\$
2. Non-taxable income – Please check all categories that apply to you: <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Family Gifts or Support <input type="checkbox"/> Interest on Tax-Free Bonds <input type="checkbox"/> Child Support <input type="checkbox"/> Untaxed Portions of Pensions <input type="checkbox"/> Welfare <input type="checkbox"/> Housing Allowance	\$	\$
3. TOTAL INCOME <i>(add lines 1 and 2)</i>	\$	\$

4. Please describe any special circumstances that qualify your need for financial aid:

A complete scholarship application includes:

- Completed Scholarship Application Form
- Completed Teacher Recommendation Form

Your application will be incomplete and not considered for aid without each of the above. The signature below affirms that the information contained herein is accurate, true and complete to the best of knowledge.

PARENT/GUARDIAN SIGNATURE		DATE	
RELATIONSHIP TO STUDENT			