

Keene Community Music Center

APPLICATION FOR FINANCIAL AID

Please read the attached guidelines and fill out this application completely. Incomplete applications will not be processed. Please complete a separate application form for each member of the family. All information is confidential.

STUDENT INFORMATION

New Student Continuing Student Returning Student

Student Name: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____ Best way to contact: _____

School Attending: _____ Grade: _____

KCMC Teacher: _____ Instrument: _____

Lesson Length: _____ 30 min./\$25 _____ 45 min./\$38 _____ 60 min./\$50

Amount of financial aid per lesson you are requesting: _____

FAMILY INCOME INFORMATION

Parent/Guardian #1 OR Adult Student:

Parent Guardian #2 OR Spouse:

Name: _____

Name: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Yearly Income: _____

Yearly Income: _____

Other Income: (list sources and amounts, i.e. rental income, dividend/interest, alimony, child support, social security, AFDC, etc.)

Total Yearly family income: _____

Number of People supported with this income: Adults _____ Children _____

PROOF OF INCOME:

Attach most recent 1040 form, or other proof of income such as Title 20 documentation if 1040 is not available. Copies of W-2 forms are not a substitute for the 1040. Your application will not be processed without proof of income.

SPECIAL CIRCUMSTANCES: Please describe any special circumstances that might help determine financial need including emergency expenses, job loss, significant income change since your last tax return, etc. You may also attach a separate page.

I certify that the information provided is accurate, correct and complete. I have read and understand the financial aid information sheet and I understand that eligibility for assistance does not guarantee a scholarship award.

Name of person completing application

Relationship to applicant

Signature

Date