



Application for Tuition Assistance

Application must be received by September 20th to be considered.

All information will be held in strictest confidence.
Students must re-apply every year for assistance.
No application will be considered without verification of financial information.

*Although assistance is need-based, attendance, attitude and participation will be considered in all financial aid decisions.
 Please refer to the Youth Orchestra Handbook for details.

For Office Use Only:

Amount Awarded: _____

Date: _____

Comments: _____

Student Name:	Current Grade:	Date of Application:
Instrument:	Number of Years in the Youth Orchestra:	
Address:		
Home Telephone:	Parent/Guardian Email:	
Name of Parent(s) or Guardian(s)		Number of Family Members:
Father's Employer:		Father's Work Phone:
Mother's Employer:		Mother's Work Phone:

	Names of each household member (list NISOYO member first)	Age	Gross monthly earnings (before deductions)
Family Gross Income Documentation	1.		\$
	2.		\$
	3.		\$
	4.		\$
	5.		\$
	6.		\$
	7.		\$
	8.		\$

If my family does not received a scholarship, my child will:

participate in Youth Orchestra.

not be able participate in Youth Orchestra.

The number of dependents in our household _____

Total monthly income for household: _____

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

My income verification is: IRS 1040 Form W2 form pay stub

I swear that the statements on this form are accurate and complete. I understand that I may be asked additional questions by the Tuition Assistance Committee. I understand that my child and I will be expected to assist in various Youth Orchestra activities including fundraising, librarian work, stage hand work or other projects as deemed appropriate. **I understand that I am responsible for any tuition balance that remains.**

Parent/Guardian Signature: _____ Date Signed: _____

Child's Statement ~ in own handwriting:

Explain why you want to be in the orchestra, what you hope to gain from the experience and what you will contribute to the Youth Orchestra.

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Parent/Guardian Statement ~ in own handwriting:

Explain why you want your child to participate in the orchestra, how you plan to support your child in their membership and how you plan to fulfill your volunteer responsibilities to the Youth Orchestra. **Include any extraordinary family circumstances the Committee should be aware of in considering your request.**

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**Submit the application in a sealed envelope to:
 Youth Orchestra Manager, Northwest Indiana Symphony Youth Orchestra, 1040 Ridge Rd., Munster, IN 46321**