



2020-2021
FINANCIAL AID APPLICATION

New Application _____ Renewal _____

A. PERSONAL INFORMATION Date _____

Name _____ Telephone (____) _____
(Last) (First) (Middle)
Address _____ City _____ State _____ Zip _____

Birthday ____/____/____ (complete if under 18 yrs. old) Grade ____ School _____

Primary Email address _____ E-mail address is confidential and is the main form of communication for all EMA programs.

Parent #1's Information

Parent #2's Information

Name _____
Spouse (if different than Parent #1) _____
Address _____
Occupation _____
Employer _____
Phone Numbers: Home _____
Work _____
Cell _____

Name _____
Spouse (if different than Parent #2) _____
Address _____
Occupation _____
Employer _____
Phone Numbers: Home _____
Work _____
Cell _____

Responsible Billing Party and Preferred Address

Both parents at the above address Parent #1 at the above address Parent #2 at the above address

Optional: the following student information is requested by funding sources. Your help would be greatly appreciated.

Asian/Asian _____ AM/Pacific Islander/Indian _____ Black/African AM _____ Caucasian/White _____
Hispanic/Latino _____ Native American _____

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

The Encore Music Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and financial aid programs and music and other school-administrated programs.

PLEASE COMPLETE THE FINANCIAL INFORMATION ON PAGE TWO OF THIS FORM AND RETURN THE APPLICATION WITH THE REQUESTED DOCUMENTATION.

B. INCOME, ASSETS AND EXPENSES, cont.

PLEASE PROVIDE ANSWERS TO THE FOLLOWING:	Actual Previous Tax Year	Estimated Current Tax Year
1. Total household adjusted gross income <i>Copy of tax return or other proof of income is required</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 (add lines 1 and 2)		
4. Household Size: Please include the total number of persons living within your house hold dependent on this income:	TOTAL HOUSEHOLD SIZE	
5. College Tuition: Please indicate the total costs of all dependents attending a higher learning institution for the current school year: (actual amount paid after financial aid)	TUITION	
6. Unemployment: Enter the number of months the primary and/or secondary wage earner has been unemployed this current calendar year:	PRIMARY	
	SECONDARY	
7. Other: Please list any other extenuating circumstances that qualify your need for financial aid (medical expenses, other therapies, etc.):		
8. How much can you contribute towards tuition? _____ Indicate one: <input type="checkbox"/> per month <input type="checkbox"/> per semester <input type="checkbox"/> per year		

B. SUPPORTING DOCUMENTATION

- Please attach a LETTER of request for aid.
- Please attach a COPY of your most recent federal tax return. If you have no taxable income, please include social security benefits letter(s) or ADC form. If the heads-of-household are in the U.S. on student and/or non-working visas, you must provide appropriate documentation of this status.
- Please submit documentation supporting any extenuating circumstances which have placed a financial burden on the family.

C. CERTIFICATION

By signing this statement, I/we certify that all the information reported on or given in support of this financial aid application is complete and accurate.

Date Signed _____ Parent/Guardian _____

D. PRIVACY RELEASE

Your financial aid information is confidential and will only be shared by the financial assistance committee of EMA and with other administrative staff who have a legitimate need to know this information. Please note that this privacy release will remain in effect for the duration of your enrollment at EMA if continuing to apply for financial assistance in future years.

Date Signed _____ Parent/Guardian _____