



Date Sent: _____
Date Rec'd: _____
Award _____

## THE TACOMA YOUTH SYMPHONY ASSOCIATION INC FINANCIAL AID APPLICATION

**This FULLY completed application must be returned by September 15th to:**

THE TACOMA YOUTH SYMPHONY ASSOCIATION  
SCHOLARSHIP COMMITTEE  
901 BROADWAY, SUITE 500  
TACOMA WASHINGTON 98402-4415

1. **Student's Name:** \_\_\_\_\_

2. **Home Address:** \_\_\_\_\_

3. **Phone: (with area code)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

<p>4. <b>Guardian Name/Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Work Phone:</b> _____</p>	<p><b>Guardian #2 Name/Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Work Phone:</b> _____</p>
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5. **Orchestra Enrolled in: ( please circle one)**

- Tacoma Youth Symphony
- Tacoma Junior Youth Symphony
- Tacoma String Philharmonic
- Tacoma Wind Philharmonic
- Tacoma String Symphony
- Tacoma Young Violin Players

6. **Instrument played:** \_\_\_\_\_

**Number of Years in TYSA:** \_\_\_\_\_

**Have you received TYSA Tuition Aid in the past?** Yes No (circle one)

**If so, how much assistance did you receive?** \$\_\_\_\_\_

8. **Siblings in TYSA:**  
**Name(s):** \_\_\_\_\_  
**Orchestra(s):** \_\_\_\_\_  
**School Grade(s):** \_\_\_\_\_  
**Instrument(s):** \_\_\_\_\_
9. **Guardian occupation and employer name:**  
**Guardian #1** \_\_\_\_\_  
**Guardian #2** \_\_\_\_\_
10. **Combined Annual Income of Guardian as reported to the IRS:** \$ \_\_\_\_\_
- 10a. **Other income:** \$ \_\_\_\_\_  
 (Alimony, separate maintenance, child support, housing & utility allowance, Social Security, Government Grants, Welfare and any other forms of financial assistance)
11. **Student's Employer (if any):**  
 Estimated Annual Income: \$ \_\_\_\_\_
12. **Do you support persons other than your immediate family** Yes No (circle one)  
**If so, who? (e.g grandparent):** \_\_\_\_\_
13. **Current private teacher (if any):** \_\_\_\_\_  
 Cost per session \$ \_\_\_\_\_
14. **Does your student qualify for the federal free/reduced lunch program at school.** Yes No (circle one)
15. **Why you feel you are eligible/need financial aid? Special Circumstances?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. **The tuition amount you feel your family could contribute:** \_\_\_\_\_  
*Please note that we receive multiple scholarship requests each year and need to help as many students as possible*
17. **I certify that all of the information presented in this application is true and complete to the best of my knowledge. If requested by TYSA, I agree to present proof of any information that I have provided.**
18. **I would like to be considered for:**  
 Season Tuition Scholarship  Private Lesson Scholarship Support

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_