



2018-2019
FINANCIAL AID APPLICATION

New Application _____ Renewal _____

A. PERSONAL INFORMATION Date _____

Name _____ Telephone (____) _____

(Last) (First) (Middle)
Address _____ City _____ State _____ Zip _____

Sex: M _____ F _____ Birthday ____/____/____ (complete if under 18 yrs. old) Grade ____ School _____

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

Father's Information

Mother's Information

Name _____

Name _____

Spouse (if different than mother) _____

Spouse (if different than father) _____

Address _____

Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Phone Numbers: Home _____

Phone Numbers: Home _____

Work _____

Work _____

Cell _____

Cell _____

Responsible Billing Party and Preferred Address

- Parent's at the above address
Father/Guardian at the above address
Mother/Guardian 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 _____

B. INCOME, ASSETS, EXPENSES

Are there special circumstances regarding your need for financial aid (use additional pages if necessary)

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 RETRUN THE APPLICATION WITH THE REQUESTED DOCUMENTATION.

B. INCOME, ASSETS AND EXPENSES, cont.

<p>2017 INCOME INFORMATION use amounts reported as "ADJUSTED GROSS INCOME" on your prior year's income tax return.</p> <p>Gross wages/salaries of father/guardian \$ _____</p> <p>Gross wages/salaries of mother/guardian \$ _____</p> <p>Interest and dividend income \$ _____</p> <p>Other taxable income \$ _____</p> <p style="text-align: right;">TOTAL INCOME \$ _____</p> <p><u>ASSETS & INDEBTEDNESS</u></p> <p>Cash, savings, checking accounts \$ _____</p> <p>Investments (stocks, bonds, other) \$ _____</p> <p>Home – Year Purchased \$ _____</p> <p>Purchase Price \$ _____</p> <p>Present Market Value \$ _____</p> <p>Principal Amount Owed \$ _____</p> <p>Monthly Mortgage payment or rent \$ _____</p> <p>Child support paid for children not Reside in your household \$ _____</p>	<p>2017 UNTAXED INCOME INFORMATION</p> <p>Child support received for all children \$ _____</p> <p>Social Security Benefits (non-taxed) \$ _____</p> <p>Welfare Benefits (Do not include food stamps) \$ _____</p> <p>Any other untaxed income not reported elsewhere. \$ _____</p> <p style="text-align: right;">TOTAL UNTAXED INCOME \$ _____</p> <p><u>OTHER EXPENSES</u></p> <p>Car Payment(s) \$ _____</p> <p>Make and Year of automobiles _____</p> <hr/> <p>Out-of-pocket annual health insurance cost \$ _____</p> <p>Annual medical/dental/medication expenses \$ _____</p> <p>Loans Outstanding \$ _____ Monthly Payment \$ _____</p> <p>Credit Card Balances \$ _____ Monthly Payment \$ _____</p>
<p>Support of students (children AND/OR parents) in school or college and name of institution</p> <p>School/College _____ Tuition\$ _____ Receiving financial aid? \$ _____</p> <p>School/College _____ Tuition\$ _____ Receiving financial aid? \$ _____</p>	

C. 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 attach a COPY of two current and consecutive pay stubs or current unemployment information.
- Please submit documentation supporting any extenuating circumstances which have placed a financial burden on the family.

D. 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 _____

E. 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 _____