



For Office Use Only

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** _____

4. Guardian Name/Address

Cell Phone: _____
Work Phone: _____

Guardian #2 Name/Address

Cell Phone: _____
Work Phone: _____

- 5. Orchestra Enrolled in:**
- Tacoma Youth Symphony
 - Tacoma Young Artists/Junior Youth Symphony
 - Tacoma String Philharmonia
 - Tacoma String Symphony

6. Instrument played in orchestra: _____

Number of Years in TYSA: _____

Have you received TYSA Tuition Aid in the past? **Yes** **No**

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

7. Siblings dependent on parents:

Names: _____

Ages: _____

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

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

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:** _____