



2019-2020
FINANCIAL AID APPLICATION

New Application Renewel

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

Name

Spouse (if different than mother)

Address

Occupation

Employer

Phone Numbers: Home

Work

Cell

Mother's Information

Name

Spouse (if different than father)

Address

Occupation

Employer

Phone Numbers: Home

Work

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)

Three horizontal lines for providing special circumstances.

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><b>2018 INCOME INFORMATION</b> 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;"><b>TOTAL INCOME \$</b> _____</p> <p><b><u>ASSETS &amp; INDEBTEDNESS</u></b></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><b>2018 UNTAXED INCOME INFORMATION</b></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;"><b>TOTAL UNTAXED INCOME \$</b> _____</p> <p><b><u>OTHER EXPENSES</u></b></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 \_\_\_\_\_