

Williamsburg Youth Orchestras Confidential Tuition Assistance Application

Student Information: New Member Returning Member

Circle one: Strings / Symphony / Jr. Concert Band / Jr. Wind Ensemble

Student Name: _____

School: _____

Grade: _____ Instrument: _____

Address: _____ City/State/Zip _____

Parent/Guardian Information:

Father/Guardian Name: _____ Employer/Title _____

Phone Number: _____ Father's Email: _____

Mother/Guardian Name: _____ Employer/Title _____

Phone Number: _____ Mother's Email: _____

Financial Information:

1. Are you the head of your household (Y/N)? _____ Are you a single parent(Y/N)? _____

2. Please indicate the total number of children/dependents within your household. _____

3. Please list the annual gross family income of the person or persons, if joint tax filers, who claim(s) the student listed on this form as a dependent.

Amount: _____

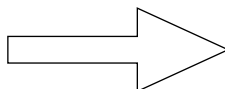
4. Please list the total wages of the other parent/guardian (if not joint tax filers).

Amount: _____

5. Do you qualify for the Federal Free/Reduced Price School Meals program(Y/N)? _____

If yes, in which school district? Please provide proof. _____

Please fill the back of the form.



6. Do you receive any other aid from agencies?

Aid to Families with Dependent Children Amount: _____

Public Aid: Food Stamps Amount: _____

Alimony/Child Support Amount: _____

Other Income (retirement/disability, etc.) Amount: _____

7. Required: Enclose copies of the last 2 pay stubs for all wage earners in the family OR any other acceptable proof of annual income (ex. recent Fed. Tax Return).

8. Optional: Please attach a written documentation in support of your extenuating circumstances that hinder your ability to pay tuition on a separate piece of paper including any other information you would like WYO to consider.

REQUIRED: I certify that all the information on this application is true, complete, and correct to the best of my knowledge. I understand the tuition support may be withdrawn if the student does not adhere to the requirements and responsibilities of the WYO program. I understand that providing false information on this application will disqualify me from any current/future tuition support from WYO.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date: _____

Please note financial assistance is not a guarantee. If necessary, WYO may request additional financial information as a condition for financial assistance. All information will be held in the strictest confidence. WYO respects the confidentiality of this information and will not divulge it to anyone other than the officers of the organization tasked with the review of the applications.



Filled out by WYO Executive Director:

Reviewed signature: _____

Amount award: _____

Season year: _____