

**Community Music School of Springfield
2009-2010
FINANCIAL AID APPLICATION
(Fill out one Application per family)**

STUDENT NAME(s): _____ **INSTRUMENT/VOICE/GROUP REQUESTED:**
 1. _____
 2. _____

Parent/Guardian Name: _____
 Address: _____

Number of people in the household: Children _____ Adults _____
INCOME DOCUMENTATION: Please check and attach at least one of the following:

- 2008 Federal Tax Return–FORM 1040 (pages 1 & 2)
- Current AFDC, Social Security or Unemployment letter

Are there any other important financial circumstances that the School should consider?

What amount do you feel you can afford to pay toward your classes? \$ _____ per class
 (required)

Signature (required) _____ Date _____
 If your income changes, in either direction, please notify the Finance Director immediately.

FOR OFFICE USE ONLY			
Income Sources:			
1. _____		Annual Amount	_____
2. _____		Annual Amount	_____
3. _____		Annual Amount	_____
Aid Level: _____	Fam Size: _____	Income Total	_____
Student/Instrument	Full Tuition	Scholarship Aid	Payment per lesson
_____	_____	_____	_____
_____	_____	_____	_____
Total: -----	_____	_____	_____
Date Received _____	Received by _____	Bookkeeper ____/____	Registrar ____/____