

ATHENS *youth* SYMPHONY

P.O. Box 415
Athens, GA 30603-0415

Email: President@AthensYouthSymphony.org
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Financial Assistance Application

Name of Student: _____ Grade Fall 2018: _____

Name of financially responsible parent/guardian: _____

Phone: _____ Email: _____

Occupation: _____

Employer: _____

Annual employment income _____ Other income: _____

Name of second financially responsible parent/guardian: _____

Phone: _____ Email: _____

Occupation: _____

Employer: _____

Annual employment income _____ Other income: _____

Number of family dependents and ages: _____

Please consider that the participant's Athens Youth Symphony, Inc. (AYS) annual tuition amount does not cover the full cost of participation in the program. Our board and volunteers work hard to solicit additional funds to help cover these costs in order to keep tuition at a reasonable level. Those young musicians who demonstrate a musical talent, dedication to their instrument, active participation in the program and/or financial need will be eligible for assistance consideration.

Important: There is a limited pool of funds available for financial assistance. Most awards are in the one-quarter to one-half tuition range, but larger awards may be possible in extreme cases of need.

Please specify a financial assistance amount that allows you to participate to the best of your ability (one-quarter, one half, etc...)

Financial Assistance Requested: _____

Does your child study music privately? _____ Fee per lesson: _____ Frequency: _____

Optional: Does your child qualify for his/her school's free/reduced lunch program? _____

Please describe the reason(s) you are requesting financial assistance. PLEASE PRINT OR TYPE.

If you feel that there are any unusual circumstances, extraordinary family expenses or other financial considerations the committee should be aware of in evaluating your application for assistance please explain:

Name of Student: _____

Please continue on additional pages if needed. If you would like to attach any documents that you think may help you establish proof of income or your financial assistance need, such as pages 1 and 2 of your most recent Tax Return (block out your Social Security Number and any bank direct deposit information), you may do so.

SIGNATURE

We certify that all of the information in this application is true and correct. In accepting financial assistance from the AYS Program, we agree to continue participation in the AYS Program during the full season (Fall and Spring). I understand that if I do not fulfill this obligation, I may be asked to repay financial assistance funds which have been awarded.

Signature of Parent/Guardian: _____

Date: _____

Completed applications are due in the AYS office by September 14th

Mail to : Athens Youth Symphony, Inc.
PO Box 415
Athens, GA 30603-0415

Or email scanned information to President@AthensYouthSymphony.org

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For Internal Office Use Only:

of rehearsals missed this past season (excused): _____ Previous seasons: _____

of unexcused absences/tardies this past season: _____ Previous seasons: _____

Attitude: _____ Musicality: _____