

2010-2011 FINANCIAL ASSISTANCE REQUEST FORM

COMMUNITY MUSIC SCHOOL

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TO BE CONSIDERED FOR FINANCIAL AID, YOU MUST COMPLETE BOTH SIDES OF THIS FORM, SIGN THE FORM AND ATTACH PROOF OF ALL INCOME. PROOF OF INCOME INCLUDES COPIES OF YEAR 2009 FEDERAL INCOME TAX FORMS, CURRENT SOCIAL SERVICES BUDGET SHEETS, SOCIAL SECURITY ADMINISTRATION LETTERS, FOOD STAMP LETTERS, COLLEGE FINANCIAL AID LETTERS, ETC.

Last Name(s) of Student _____

Phone (work) _____ (home) _____ (cell) _____

If your home phone is listed under another name, what is that name? _____

What is your relationship to that person? _____

Marital Status _____ Number in Family Relying on Income _____

Current Year's Family Income Sources

Please include all taxable and non-taxable sources of income.

	Name of Family Member Receiving Income	Annual Gross Amount	Please Indicate the Type of Required Proof Being Supplied (tax return, budget sheets, SSA letters, etc.)
Employment Wages		\$	
Employment Wages		\$	
Public Assistance		\$	
Public Assistance		\$	
Supplemental Security Income		\$	
Supplemental Security Income		\$	
Food Stamps		\$	
Alimony		\$	
Child Support		\$	
Social Security		\$	
Social Security		\$	
Social Security		\$	
Pension		\$	
Investments		\$	
College Financial Aid		\$	
Unemployment		\$	
Other		\$	
	Total	\$	

Please explain any change in income from year 2009 to year 2010. _____

PLEASE TURN OVER AND COMPLETE OTHER SIDE

Given the limited resources that Community Music School has available for tuition assistance and the desire to assist as many students as possible, we encourage you to consider these factors in making requests. AID IS GENERALLY AVAILABLE TO CHILDREN IN FAMILIES WITH INCOME BELOW \$35,000 and is based on the number of dependents. Assistance for adults is very limited and available on a first come, first served basis. If your income is greater than this figure and you still wish to be considered for aid, please explain any special circumstances that support your request for assistance.*

Some scholarships provided by local foundations and individuals have certain restrictions. Please answer the following questions to determine your eligibility for these scholarships.

Where was the student born? County of _____ State of _____
 Has the student ever lived in the City of Buffalo? Yes No If yes, how many years _____

I affirm that the above information is correct and that I will notify the School of any change.

Signature of Student (or Parent/Guardian if student is under 18) *Date*

Applicant, please complete the shaded part of the table below:

(Use one line for each lesson/class for which you are seeking aid) For office use only * P: Private C: Class M: Mini-course

Student's Name (Use 1 line for each student)	Date of Birth	Lesson/Class Desired	*P/C/M	Full Fee	CMS Sliding Scale Fee % \$	Last Year's Fee	Approved Fee	Fund Source \$

***If you require financial assistance to study and you are not approved for aid, any registration fee you paid will be refunded.**

Director's Signature *Date*