

THE TACOMA YOUTH SYMPHONY ASSOCIATION INC SYMPHONIC JAZZ WORKSHOP FINANCIAL AID APPLICATION

This FULLY completed application must be returned by June 1, 2023 to:

THE TACOMA YOUTH SYMPHONY ASSOCIATION
SCHOLARSHIP COMMITTEE
901 BROADWAY, SUITE 500
TACOMA WASHINGTON 98402-4415

1. Student's Name: _____

2. Home Address: _____

3. Phone: (with area code) _____ **E-Mail** _____

4. Guardian 1 Name/Address

Cell Phone: _____
Work Phone: _____

Guardian 2 Name/Address

Cell Phone: _____
Work Phone: _____

5. Orchestra Enrolled in:
☐ Tacoma Youth Symphony
☐ Tacoma Young Artists/Junior Youth Symphony
☐ Tacoma String Philharmonia
☐ Tacoma String Symphony
☐ Tacoma Youth Chorus

6. Instrument played in orchestra: _____

Number of Years in TYSA: _____

Have you received TYSA Tuition Aid in the past? ☐ Yes ☐ No

If so, how much assistance did you receive? \$ _____

7. Siblings dependent on parents:

Names: _____
Ages: _____

8. Siblings in TYSA:

Name(s): _____
Orchestra(s): _____
School Grade(s): _____
Instrument(s): _____

9. Guardian occupation and employer name:

Guardian #1: _____
Guardian #2: _____

10. Combined Annual Income of Guardian as reported to the IRS: \$_____

10a. Other income:

(Alimony, separate maintenance, child support, housing & utility allowance, Social Security, Government Grants, Welfare and any other forms of financial assistance) \$_____

11. Student's Employer (if any):

Estimated Annual Income: \$_____

12. Do you support persons other than your immediate family? ☐ Yes ☐ No

If so, who? (e.g grandparent): _____

13. Current private teacher (if any):_____

Cost per session \$_____

14. Does your student qualify for the federal free/reduced lunch program at school. ☐ Yes ☐ No

13. Why you feel you are eligible/need financial aid? Special Circumstances?

14. Name of Camp and Session _____

Date of Camp_____ **Total Camp Fee**_____

15. The tuition amount you feel your family could contribute: _____

Please note that we receive multiple scholarship requests each year and need to help as many students as possible.

17. I certify that all of the information presented in this application is true and complete to the best of my knowledge. If requested by TYSA, I agree to present proof of any information that I have provided.

Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____