



**TACOMA
YOUTH
SYMPHONY
ASSOCIATION**

For Office Use Only

Date Sent: _____
Date Rec'd: _____
Award _____

**TACOMA YOUTH SYMPHONY ASSOCIATION
FINANCIAL AID APPLICATION**

Please return your completed application by September 15th 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 Name/Address** **Guardian #2 Name/Address**

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

5. **Orchestra Enrolled in: (please circle one)**

- Tacoma Youth Symphony
- Tacoma Junior Youth Symphony
- Tacoma String Philharmonic
- Tacoma Wind Philharmonic
- Tacoma String Symphony
- Tacoma Young Violin Program

6. **Instrument played:** _____

Number of Years in TYSA: _____

Have you received TYSA Financial Aid in the past? Yes No (circle one)

8. **Please list the number of dependents in your household:**
Name/age/relationship _____

9. **Guardian occupation and employer name:**
Guardian #1 _____
Guardian #2 _____
10. **Combined Annual Income of Guardians 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 (circle one)
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 (circle one)
15. **Why you feel you are eligible/need financial aid? Special Circumstances?**

16. **The tuition amount you feel your family could contribute each month** _____
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.**
18. **I would like to be considered for:**
 Season Tuition Scholarship Private Lesson Scholarship Support

Guardian Signature #1 _____ **Date:** _____

Guardian Signature #2 _____ **Date:** _____