



For Office Use Only

Date Sent: _____
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Award _____

TACOMA YOUTH SYMPHONY ASSOCIATION FINANCIAL AID APPLICATION - SUMMER CAMP & FESTIVALS

Please return your completed application by June 1st 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 _____ _____ _____ Cell Phone: _____ Email: _____	Guardian #2 Name/Address _____ _____ _____ Cell Phone: _____ Email: _____
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5. **TYSA 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
Not applicable
6. **Instrument played:** _____
Number of Years in TYSA: _____
Have you received TYSA Financial Aid in the past? Yes No (circle one)
7. **Which camp/festival have you submitted your registration and deposit for?**
☐ EMF Session 1 ☐ EMF Session 2 ☐ Bass Workshop ☐ Jazz Orchestra

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: \$**_____
- 11a. **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?**

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16. **The tuition amount you feel your family could contribute to camp**_____
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 #1_____ **Date:** _____

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