



**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 August 20th 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. **Instrument played:** \_\_\_\_\_

**Number of Years in TYSA:** \_\_\_\_\_

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

6. Siblings dependent on parents:

Names/Ages: \_\_\_\_\_

Ages: \_\_\_\_\_

Schools Attending: \_\_\_\_\_

7. **Please list the number of dependents in your household:**  
**Name/age/relationship** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. **Guardian occupation and employer name:**  
**Guardian #1** \_\_\_\_\_  
**Guardian #2** \_\_\_\_\_
9. **Combined Annual Income of Guardians as reported to the IRS:** \$ \_\_\_\_\_
- 9a. **Other income:** \$ \_\_\_\_\_  
 (Alimony, separate maintenance, child support, housing & utility allowance, Social Security, Government Grants, Welfare and any other forms of financial assistance)
10. **Student's Employer (if any):**  
 Estimated Annual Income: \$ \_\_\_\_\_
11. **Do you support persons other than your immediate family** Yes No (circle one)  
**If so, who? (e.g grandparent):** \_\_\_\_\_
12. **Current private teacher (if any):** \_\_\_\_\_  
 Cost per session \$ \_\_\_\_\_
13. **Does your student qualify for the federal free/reduced lunch program at school.** Yes No (circle one)
14. **Why you feel you are eligible/need financial aid? Special Circumstances?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. **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*
16. **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.**
17. **I would like to be considered for:**  
 Season Tuition Scholarship       Private Lesson Scholarship Support

**Guardian Signature #1** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature #2** \_\_\_\_\_ **Date:** \_\_\_\_\_