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:** $_____
       Please provide a copy of your 2023 IRS form 1040
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:** _____