



**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:** \$ _____
Please provide a copy of your 2023 IRS form 1040.
If you do not have a current tax form, please reach out to operations@tysamusic.org
- 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?**

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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:** _____