



For Office Use Only

Date Sent: _____
Date Rec'd: _____
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	Guardian #2 Name/Address
_____	_____
_____	_____
_____	_____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

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

Tacoma Youth Symphony
Tacoma Junior Youth Symphony
Tacoma String Philharmonic
Tacoma Wind Philharmonic
Tacoma Academy Strings Orchestra
Tacoma String Symphony
Prelude Strings
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: \$** _____
Please provide a copy of your 2024 IRS form 1040.
If you do not have a current tax form, please reach out to education@tysamusic.org
- 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:** _____