



TACOMA
YOUTH
SYMPHONY
ASSOCIATION

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: _____
Email: _____

Cell Phone: _____
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
 Puget Sound Percussion Festival Bassoon Fest Northwest

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?**

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:** _____