



For Office Use Only

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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  
☐ 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](mailto: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:** \_\_\_\_\_