



For Office Use Only

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Award _____

TACOMA YOUTH SYMPHONY ASSOCIATION SEASON TUITION FINANCIAL AID APPLICATION

Return your completed application by August 20 to Istone@tysamusic.org or:

TYSA SCHOLARSHIP COMMITTEE
901 BROADWAY, SUITE 500
TACOMA WASHINGTON 98402

1. Student name: _____

2. Home address: _____

3. Phone: _____ **Email:** _____

4. Guardian name/address

Guardian #2 name/address

Phone: _____

Phone: _____

Email: _____

Email: _____

5. Instrument played: _____

Number of years in TYSA: _____

6. Have you received TYSA financial aid in the past? Yes No (circle one)

7. Siblings dependent on parents:

Names/Ages: _____

Schools Attending: _____

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: \$ _____
Important! Please submit a copy of your most recent IRS form 1040
If you do not have a current tax form, please email lstone@tysamusic.org

10a. 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 & estimated annual income (if any):

12. Do you support persons other than your immediate family Yes No (circle one)
If so, who? (e.g grandparent): _____

13. Current private teacher & cost per session (if any):

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. Important!
Tuition amount you feel your family could contribute each month: _____
TYSA receives multiple scholarship requests each year and needs to help as many students as possible

17. I would also like to be considered for: Private Lesson Support _____

18. 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:** _____