



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** \_\_\_\_\_

<p>4. <b>Guardian Name/Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Email:</b> _____</p>	<p><b>Guardian #2 Name/Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Email:</b> _____</p>
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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 Festival   
  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 2025 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?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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:** \_\_\_\_\_