

FINANCIAL AID APPLICATION [2022 – 2023]

The Albuquerque Youth Symphony Program is committed to supporting any student in need of financial assistance for tuition. All families in need of support at any level are encouraged to apply. Assistance is available for expenses associated with program tuition only.

Each application is accessed using a sliding scale of 25-90% of tuition cost, based on HUD Low to Moderate Income (LMI) Guidelines.

Financial aid is awarded for the season, and families must reapply annually. To apply, please fill out this application and return it – along with the requested documents – to AYSP. After your request is approved, you will receive an award letter including a payment schedule and commitment form via e-mail.

** Please note: Incomplete applications are not considered All information provided is confidential.

FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, please be advised of the following:

- This form <u>must</u> be accompanied with a copy of the first page of the most recently filed IRS Income Tax Return (1040 or 1040-SR) and copies of the last two pay stubs for each parent/guardian of the student. In situations of joint custody, both parents' incomes must be reported.
- Please use a dark permanent marker to conceal any Social Security Numbers listed on all included forms.
- Musician for whom assistance is sought MUST be listed as a "Dependent" on line 6c of the included 1040 or 1040-SR.
- These materials MUST be sent, via US Mail, to Albuquerque Youth Symphony Program, Attn: Financial Aid, PO Box 30961, Albuquerque NM 87190 or via e-mail, to dorothy@aysmusic.org

Student Information

Student Name:	
Grade: Instrument:	School:
Address:	
Parent/Guardian Phone:	
Parent/Guardian Email:	

PLEASE PROVIDE ANSWERS TO THE FOLLOWING:		Actual Last Completed Tax Year	Estimated Current Tax Year	
1.	What is your total adjusted gross	\$	\$	
	Include combined TOTAL of adju	sted gross income for ALL supporters.	, i	,
2.	Non-taxable income and/or benefits (listed below) received by your family:		\$	\$
	Social Security Benefits	Unemployment Compensation	, i	,
	Family Gifts or Support	Interest on Tax-Free Bonds		
	Child Support	Untaxed Portions of Pensions		
	Welfare	Housing Allowance		
3.	TOTAL INCOME (add lines 1 and 2)		\$	\$

4.	Other: Please list extenuating circumstances and subsequent monthly financia (please attach additional documentation if applicable)	l implication	ns that qualify your nee	d for financial aid.
5.	Does the student qualify for the Federal Free and Reduced Price School Meal F			Yes [] No []
6.	Household Size: Please indicate the <u>total</u> number of persons living within your on this income:	household	who are dependent	HOUSEHOLD SIZE
7.	Unemployment: Enter the number of months the primary and/or secondary was			
	was unemployed during the Actual Last Completed Tax Year and the approxim monthly impact:	ialely	PRIMARY	SECONDARY
		1		
	Certification of Accurac	Э		
I certify	that the information contained within this form and its attachments	s are accu	rate, true and comp	olete to the best of
•	vledge. If awarded financial aid, we agree to participate in the full		•	
	season, and pay any obligations by the deadlines specified in the	award lett	er. If we do not ful	fill this obligation,
we unde	erstand we'll be asked to repay all financial aid funds awarded.			
				<u> </u>
Parent/G	Guardian Signature Date)		
	For questions, contact Dorothy Whisler at dorothy@ay	/smusic.or	g or (505) 875-1319	