

FINANCIAL AID APPLICATION [2024 – 2025]

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 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

Statent information							
Student Name:	_						
Grade: Instrument:	School:						
Address:							
Parent/Guardian Name:							
P/G Email:							

LEAS	E PROVIDE ANSWERS TO	Actual Last Completed Tax Year	Estimated Current Tax Year	
1.	What is your total adjusted gross	income? (Form 1040 or 1040-SR: line 11)	\$	\$
	Include combined TOTAL of adju	Ť	•	
2.	Non-taxable income and/or benefits (listed below) received by your family:		\$	\$
	Social Security Benefits	Unemployment Compensation	,	,
	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 financial implications that qualify your need for financial aid. (please attach additional documentation if applicable)							
5. 6.		fy for the Federal Free a e indicate the <u>total</u> num				d who are dependent	Yes [] No []	
	on this income:	· · · · ·			•	·	HOUSEHOLD SIZE	
7.		the number of <u>months</u> tl g the Actual Last Comp					SECONDA DV	
						PRIMARY	SECONDARY	
			Certific	cation of Ac	curacy			
•						curate, true and comp		
-	-	-	-	-		125 Albuquerque Yout etter. If we do not fulf		
	rstand we'll be aske							
							_	
Parent/G	Guardian Signature				Date			
	For question	ns, contact Dorothy	Whisler	at <u>dorothy@a</u>	aysmusic.org	or (505) 875-1319 ext	. 127	
							2 P a g e	
For Internal AYSP Use Only					Notes			
UID#		Ensemble		#3 Confirmation	Y / N			
Determination Approval (award and #3 confirmation)							Sent	
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