



CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION FORM

Section 1: Student Information

Last Name: _____ First Name: _____ Age: _____

Grade in September _____ Phone: _____ Email: _____

Years in NJYS: _____ Instrument: _____ Cost of weekly lessons: \$ _____

I have received financial aid from NJYS before: Yes No When: _____ Amount: _____

Section 2: Parent/Guardian Information

Father/Legal Guardian Name: _____ Phone: _____

Father/Legal Guardian Address: _____

If same as section 1, mark "same"

Father/Legal Guardian Employer Name: _____

Father/Legal Guardian Title and/or Position: _____ Work Telephone: _____

Mother/Legal Guardian Name: _____ Phone: _____

Mother/Legal Guardian Address: _____

If same as section 1, mark "same"

Mother/Guardian Employer Name: _____

Mother/Legal Guardian Title and/or Position: _____ Work Telephone: _____

Section 3: Monthly Income

Total Monthly Income \$ _____ (include wages, welfare, social security, alimony, child support, etc.)

Please attach a copy of both sides of the first page of your 2007 Federal income tax return, with your adjusted gross income information, etc.)

Section 4: Debts and Expenses

Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____ 2008 Property Tax \$ _____
(if not included in mortgage payment)

Childcare Payments \$ _____

Elder Care Payments \$ _____

Child Support Payments \$ _____

Number of Children Supported _____

Alimony Paid (2008) \$ _____

Dependent Education Debt \$ _____

Parent/Guardian Education Debt \$ _____

Section 5: Medical Expenses (do not include insurance premiums)

1) List amount not paid by insurance in 2008 (to-date):

Medical & Dental \$ _____ RX Drugs \$ _____ RX Eyeware \$ _____

2) Current medical debt (list amounts not paid by insurance): \$ _____

How much do employers pay for: **Medical Insurance** all some none
Dental Insurance all some none

Section 6: Special Circumstances

Please answer these questions only if you would like NJYS to consider any of the following when calculating your financial assistance. You are not required to answer any of these Special Circumstance questions, but if you do, your answers will be kept strictly confidential and will not be kept on file after your request has been processed.

- Your household will be expecting another child this year.
- There has been a recent death in the household.
- A household member has a problem (addictions, mental illness, etc.) that is causing financial stress for the family.
- You are in the process of a divorce or separation.
- A household member has been recently diagnosed as severely ill.

Section 7: List all Dependents (name/age) in the Household; please do not include Parent(s)/Guardian(s):

If you have any special circumstances that you would like to write about, please make sure to include a typed or written sheet with your completed application.

Mail all completed forms and documents to:

New Jersey Youth Symphony
Attention: Linda Onorevole Annett
570 Central Avenue
New Providence, NJ 07974

Statements and Signatures

I declare that the information on this form is, to the best of my knowledge, correct and complete. I agree, if requested, to send additional information to support statements on this form. I also understand that all the information I have provided is strictly confidential and will be destroyed after my request is processed.

Father/Legal Guardian

and /or

Mother/Legal Guardian

Print Name

Print Name