



60 Locust Avenue • Berkeley Heights, NJ 07922
 (908) 790-0700 • info@whartonmusiccenter.org • Fax (908) 790-0142

Financial Assistance Form

2015-16 Academic Year

Please submit this Financial Assistance application to the Student Services office.

APPLICANT/PARENT INFORMATION

 Name

 Address

 City

 State

 Zip

 Daytime phone

 Evening phone

 Email address

 Child's name (if applying for a child)

 Birth date

ENROLLMENT INFORMATION

Name of Ensemble, Class or Lesson:	Cost per year	Amount of financial aid requested*
	\$	\$

**most financial aid provided will be in the realm of 10 to 50% of tuition. Requests of more than 50% will require an audition or approval from the instructor.*

Check all that apply

I am:

- applying for financial aid for the first time.
- a new student/member.
- a returning student/member.

Section 1: 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 2014 Federal income tax return, with your adjusted gross income information, etc.)

Section 2: List all Dependents (name/age) in the Household; please do not include Parent(s)/Guardian(s):

Section 4: Special Circumstances

Please answer these questions only if you would like WMC 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 financially responsible member of your household has been laid off or lost a job.
- You are in the process of a divorce or separation.
- A household member has been recently diagnosed as severely ill.

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 or submit all completed forms and documents to:
Wharton Music Center
60 Locust Avenue
Berkeley Heights, NJ 07922
Attention: Director of Student Services

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.

Parent/Legal Guardian1

and /or

Parent/Legal Guardian2

Print Name

Print Name