



## 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

Parent/Legal Guardian1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian1 Address: \_\_\_\_\_  
*If same as section 1, mark "same"*

Parent/Legal Guardian1 Employer Name: \_\_\_\_\_

Parent/Legal Guardian1 Title and/or Position: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Parent/Legal Guardian2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian2 Address: \_\_\_\_\_  
*If same as section 1, mark "same"*

Parent/Legal Guardian2 Employer Name: \_\_\_\_\_

Parent/Legal Guardian2 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 \$ \_\_\_\_\_ 2010 Property Tax \$ \_\_\_\_\_  
(if not included in mortgage payment)

Childcare Payments \$ \_\_\_\_\_

Elder Care Payments \$ \_\_\_\_\_

Child Support Payments \$ \_\_\_\_\_

Number of Children Supported \_\_\_\_\_

Alimony Paid (2010) \$ \_\_\_\_\_

Dependent Education Debt \$ \_\_\_\_\_

Parent/Guardian Education Debt \$ \_\_\_\_\_

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

1) List amount not paid by insurance in 2010 (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.

\_\_\_\_\_  
Parent/Legal Guardian1

and /or

\_\_\_\_\_  
Parent/Legal Guardian2

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name