



New Jersey Youth Symphony
 570 Central Avenue Murray Hill, NJ 07974
 (908) 771-5544 Telephone
 (908) 771-9839 Fax
 www.njys.org

CONFIDENTIAL FINANCIAL AID APPLICATION FORM

Section 1: Student information

Last Name: _____ First Name: _____ Age: _____ 07-08 Grade: _____

Phone: _____ Yrs. In NJYS: _____ Instrument: _____ # lessons/wk: _____ Length of lessons _____ mins.

Cost of lessons: \$ _____ Name of Private Teacher: _____ Teacher Phone: _____ Daily practice: _____ mins.

I have received financial aid from NJYS before yes no WHEN: _____ AMOUNT: _____

Section 2: Parent/Guardian Information

Father/Legal Guardian's name: _____ Phone: _____

Father/Legal Guardian's address: _____ Work telephone: _____

If same as section 1, mark "same"

Name/Address of Father's/Guardian's Employer: _____

Father/Guardian's title/position: _____ Mother/Guardian's title/position: _____

Mother/Guardian's name: _____ Phone: _____

Mother/Guardian's address: _____

If same as section 1, mark "same"

Name/Address of Mother's/Guardian's Employer: _____ Work telephone: _____

Section 3: Monthly Income

Welfare \$ _____ Food Stamps \$ _____ Social Security \$ _____ Alimony \$ _____

Taxable \$ _____ Non-taxable \$ _____ Child Support \$ _____

Section 4: Debts and Expenses

Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____ 2007 Property Tax \$ _____

(if not included in monthly mortgage)

Childcare Payments (2007) \$ _____ Estimated Childcare Payments (2008) \$ _____ # of other Dependents _____

Elder Care Payments (2007) \$ _____ Estimated Elder Care Payments (2008) \$ _____

Child Support Payments (2007) \$ _____ Estimated Support Payments (2008) \$ _____ # of children supported _____
 Alimony Paid in 2007 \$ _____ Estimated Alimony Payments (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 2007 (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 aid. 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
- You are in the process of a divorce or separation
- There has been a recent death in the household
- A household member has been recently diagnosed as severely ill
- A household member has a problem (addictions, mental illness, etc.) that is causing financial stress for the family

Section 7: List all Dependents (name/age) in the Household; do Not Include Parent(s)/Guardian(s):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Final Steps to Complete the Application Process: Make copies of the following documents and send them in with your completed application.
 1) W2's for all jobs listed in Section 2 (including any addenda, 2) Most recently filed Federal taxes 3) Recent pay stubs of jobs that Parents/Guardians currently hold
 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
 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.

This form must be signed by **all** Parent(s)/Guardian(s).

 Parent/Guardian 1

 Parent/Guardian 2