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## Financial/Tuition Aid Application 2009-2010 Season

**PLEASE COMPLETE THE ENTIRE APPLICATION.**

**PLEASE NOTE:** Because financial aid funds are limited, tuition scholarships are awarded based on need. In order to effectively award funds to musicians, the Scholarship Committee asks that you consider your need for tuition assistance prior to submitting this application. Each applicant will be notified in writing of the Committee's decision. *All information provided will be held in strictest confidence.*  
 Please note: CIYS reserves the right to request additional information.

### Personal Information

\_\_\_\_\_  
 Musician's Name (Last, First, MI) Date of Birth

\_\_\_\_\_  
 Mailing Address City State / Zip

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Orchestra:  CIYS  CICO  PREP  Cadet  Ensemble

Instrument: \_\_\_\_\_

Musician is:  New  Returning

### School / Private Study Information

\_\_\_\_\_  
 Name of School Grade for 2009-2010 Music Director's Name

### Parent / Guardian Information

\_\_\_\_\_  
 Parent / Guardian's Name

\_\_\_\_\_  
 Other Parent / Guardian's Name

\_\_\_\_\_  
 Employer / Business Name

\_\_\_\_\_  
 Employer / Business Name

\_\_\_\_\_  
 Title / Occupation

\_\_\_\_\_  
 Title / Occupation

**CONFIDENTIAL FINANCIAL INFORMATION**

Annual gross family income from all sources for 2009:\$ \_\_\_\_\_

*Please attach a copy of the first page of your 2008 Federal income tax return. In cases of joint custody, applicants must report the incomes of both parents. (NOTE: This information will be held in strict confidence).*

Does the applicant wish to have confidential documents: \_\_\_\_ Returned; OR \_\_\_\_ Shredded?

Do you have other children participating in CIYS organization in 2009-20010? Yes \_\_\_ NO \_\_\_

If yes, list names and orchestra or ensemble: \_\_\_\_\_

**Tuition for 2009-2010:**

CIYS \$300  CICO \$300  PREP \$150  Cadet \$150  Ensemble \$150 *(No Additional costs for Ensemble if student is a member of orchestra).*

How much financial aid do you *hope* to receive from CIYS? \$ \_\_\_\_\_

Is the student willing to assist the Orchestra Manager(s) with duties as assigned at weekly rehearsals in exchange for financial assistance? \_\_\_ Yes \_\_\_ No

Are there other sources of financial assistance? (Non-custodial parents, grandparents, etc.) \_\_\_ Yes \_\_\_ No

If **yes**, approximately how much assistance could they provide? \$ \_\_\_\_\_

Are there any special circumstances you feel the Committee should consider while evaluating your application? *(Use additional pages, if necessary).*

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We certify that the above information is true and correct. If awarded financial assistance, we agree to participate in a CIYS orchestra for the full 2008-2009 season.

\_\_\_\_\_  
Musician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Date

**Send completed Application to:**

Scholarship Committee, Central IL Youth Symphony  
P. O. Box 908  
Morton, IL 61550