



Please return this form to:  
**Rhode Island Philharmonic Music School**  
667 Waterman Avenue  
East Providence, RI 02914  
401-248-7001(Front Desk)

## FINANCIAL AID APPLICATION CHECKLIST

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

- Completed 2017-2018 RI Philharmonic Registration Form
- Completed 2017-2018 Financial Aid Application.
- Financial Aid Form is *signed* and *dated* by parent
- \$26.00 non-refundable registration fee for each student. **All students applying for Financial Aid must pay this fee, regardless of when they submit these forms.** Checks can be made out to: Rhode Island Philharmonic
- Payment for all outstanding balances from prior seasons

**A copy of one or more of the following documents, if applicable:**

- Most recent Federal Income Tax Return (Form 1040, 1040-A or 1040-EZ pages 1 & 2 only, no schedule)
- Letter from Social Welfare Agency stating amount of allotment
- Official proof of Social Security income or survivor's pension
- Official proof of unemployment compensation
- Proof of other source of income (child support, maintenance or alimony)

**Incomplete applications cannot be processed.**

**Recipient Obligations**

1. Student co-payments must be made on time in order for financial aid to continue.
2. Students are expected to attend all scheduled lessons, classes, make-ups and recitals in which they are scheduled to perform. The Rhode Island Philharmonic Music School reserves the right to withdraw aid from students who do not comply with our attendance policy.
3. A registration form for all assignments, including ensembles, must be included with your application to be considered.
4. Aid will only be applied to the assignment/assignments presented in this application. Any assignment changes, including changes in instrument, lesson length, additional students and additional group assignments must be approved by the Music School Director and are not guaranteed.
5. All student families receiving scholarship aid may be asked to volunteer from 7 to 14 hours per academic school year.

**APPLICATION DEADLINE: July 1, 2017**

I, (Please Print Name) \_\_\_\_\_, have read and understand these obligations. I understand that financial aid will only be considered if all required documents are included in my application. I hereby state that all of the information in this application is true and complete. I understand that RI Philharmonic reserves the right to request additional verification of any information provided.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Dear Applicant,

Thank you for your interest in RI Philharmonic Music School Financial Aid Program. The school offers Financial Aid to students from birth to age 18 based on financial need. In order to be considered for Financial Aid, please complete and return this application form along with all the required documentation by **July 1, 2017** for the 2017-2018 academic year (see helpful Financial Aid Checklist included in this packet). Given the number of financial aid applicants last year, **we do not expect funds to be available after this date.** Funds utilized for the Financial Aid Program come from **donors** who subsidize your child's music education. Donors have entrusted these funds to the school to assist motivated students who, for financial reasons, would otherwise be unable to study at the RI Philharmonic Music School. Financial Aid is awarded based on the expectation that these funds will be used **responsibly** by the student/family. Since the fund is dependent on donor contributions, the pool of monies available for students fluctuates from year to year. As a result, the percentage of support awarded to your child may change from one year to the next. The amount of financial aid is determined by a sliding scale, which takes into account household size and income. Please understand that the school does not award full scholarships. In general, the range of financial aid awards will be between 10% and 75% of the total tuition for those who qualify. Please take this into consideration when deciding what activity/activities you will pursue.

Sincerely,

The Financial Aid Committee

**SECTION 1: Personal Information**

1. Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_  
 Enrollment Status:  New Student  Returning Student  
 Instrument/Class \_\_\_\_\_ Teacher \_\_\_\_\_  
 Lesson Length:  30 minute  45 minute  60 minute Other: \_\_\_\_\_

**Our funders require us to report the ethnicity of students in our program. Optional: Please check the box(s) below that you feel best describes you:**  African American/Black  American Indian/Alaska Native  Asian  Hispanic/Latino/a  Multi-racial  White  If none of the above, please describe: \_\_\_\_\_

2. Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_  
 Enrollment Status:  New Student  Returning Student  
 Instrument/Class \_\_\_\_\_ Teacher \_\_\_\_\_  
 Lesson Length:  30 minute  45 minute  60 minute Other: \_\_\_\_\_

**Our funders require us to report the ethnicity of students in our program. Optional: Please check the box(s) below that you feel best describes you:**  African American/Black  American Indian/Alaska Native  Asian  Hispanic/Latino/a  Multi-racial  White  If none of the above, please describe: \_\_\_\_\_

3. Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_  
 Enrollment Status:  New Student  Returning Student  
 Instrument/Class \_\_\_\_\_ Teacher \_\_\_\_\_  
 Lesson Length:  30 minute  45 minute  60 minute Other: \_\_\_\_\_

**Our funders require us to report the ethnicity of students in our program. Optional: Please check the box(s) below that you feel best describes you:**  African American/Black  American Indian/Alaska Native  Asian  Hispanic/Latino/a  Multi-racial  White  If none of the above, please describe: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parents are: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Student lives with \_\_\_\_\_

## SECTION II: Financial Information

Please complete all entries. If not applicable, please mark N/A.

**REQUIRED:** In order to assess financial aid eligibility, please provide the following:

Number of members in your immediate family: Adults: \_\_\_\_\_ Children \_\_\_\_\_

For the purposes of income verification I have **attached** a copy of one or more of the following documents, if applicable:

- Most recent Federal Income Tax Return (Form 1040, 1040-A or 1040-EZ pages 1 and 2 only, no schedule)
- Letter from Social Welfare Agency stating amount of allotment
- Official proof of Social Security income or survivor's pension
- Official proof of unemployment compensation
- Proof of other source of income (child support, maintenance or alimony)

Parent/Guardian #1 total yearly Adjusted Gross Income: \$ \_\_\_\_\_

Parent/Guardian #2 total yearly Adjusted Gross Income: \$ \_\_\_\_\_

**REQUIRED:** Household Income from all other sources

Type:	Dollar Amount	How often?
Rental Income	_____	_____ Annual or _____ Monthly
Retirement	_____	_____ Annual or _____ Monthly
Social Security	_____	_____ Annual or _____ Monthly
Unemployment	_____	_____ Annual or _____ Monthly
Alimony	_____	_____ Annual or _____ Monthly
Child Support	_____	_____ Annual or _____ Monthly
Investment Income	_____	_____ Annual or _____ Monthly
Other income	_____	_____ Annual or _____ Monthly
Total Income	_____	

**REQUIRED:** Monthly Household Expenses

Rent/Mortgage	_____	Day Care	_____
Alimony Payments	_____	Student Loan	_____
Child Support Payments	_____	Real Estate Taxes	_____
Car Payment	_____		
Medical Expenses	_____	Other (Explain)	_____
Total Expenses	_____		

**REQUIRED:** Additional Financial Information

1. Does your child receive free meals at school? \_\_\_\_\_ Are you eligible for food stamps/SNAP? \_\_\_\_\_
2. Can you pay 75% of the tuition? \_\_\_\_\_
3. If not, what is the amount you can afford per week? \_\_\_\_\_

**Are there any other compelling financial circumstances to consider? On a separate sheet, please provide some narration of your current situation – it is very helpful to provide us with a full understanding of what is going on in your family.**

**PLEASE DO NOT FAX THIS FORM**