

The Granada Music and Arts Conservatory

APPLICATION FOR FINANCIAL ASSISTANCE

School Year 2009-2010

Students Name: _____

Parent's Name: _____ Tel _____

Address _____ E-mail: _____

Scholarships are based on need and not merit.

Special circumstances to be considered by the reviewing committee:

Please do not give us personal medical information or diagnosis on this form.

Families awarded financial assistance are expected to volunteer their time as an in-kind contribution. What special talents or skills can you offer to provide. Please list the name and number for the family member who is willing to volunteer.

We understand that student attendance must be regular in order to keep the fiscal arrangement valid and for the student to retain the privilege of reapplying for financial assistance in the future.

Signed: _____
Student Parent Date

(Please also complete reverse side)

The entire application must be filled out for consideration.

Financial Information

This form must be completed by ALL applicants:

Father _____ Age _____	Mother _____ Age _____
Address _____	Address _____
Tel. Day _____ Evening _____	Tel. Day _____ Evening _____
Marital status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___	Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___
Occupation _____	Occupation _____
Employer _____ Tel _____	Employer _____ Tel _____
Employment income (annual gross) _____	Employment income (annual gross) _____
Other income & sources _____	Other income & sources _____
_____	_____
Untaxed income & benefits _____	Untaxed income & benefits _____
_____ (Social Security, AFDC, ADC, etc)	_____ (Social Security, AFDC, ADC, etc)
Family residence: own ___ rent ___	Family residence: own ___ rent ___

Names and ages of persons claimed as tax dependents this current year:

List any unusual obligations that limit your ability to pay tuition:

List sources and amounts of any financial aid/scholarships awarded to the applicant this calendar year:

I hereby certify that this information is true to the best of my knowledge. I also agree to furnish proof of all statements including copies of federal tax returns, if requested.

Applicant's signature: _____ Parent/Guardian's signature: _____ Date: _____

PARTIAL GRANT approved: \$ _____ due- 1st semester: \$ _____ due 2nd semester: \$ _____

MAX GRANT approved: \$ _____ = 90% of tuition** due 1st sem.: \$ _____ due 2nd semester: \$ _____

** Under special circumstances obligatory hours of designated work assignments may be substituted for the 10% tuition payment.

Suggestions and tentative arrangement for work assignment for student/parent:

REVIEWING COMMITTEE: _____ print _____ print _____ print

Final approval date: _____ signature _____ signature _____ signature