



Please return this form to (do not fax):
RI Phil Music School @ the UNITED
7 Canal Street
Westerly, RI 02891
401-388-8483 (Front Desk)

FINANCIAL AID APPLICATION CHECKLIST

Student Last Name: _____ First Name: _____

In order for your application to be considered, you must complete and/ or submit the following:

- Completed Financial Aid Application *signed* and *dated* by parent
- 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, including all schedules, for **both** parents/guardians)
 - 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, makeups and recitals in which they are scheduled to perform. The RI Phil Music School @ the United reserves the right to withdraw aid from students who do not comply with our attendance policy.
3. 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.
4. If a reward of aid is approved, send back signed agreement to the Music School.

APPLICATION DEADLINE: We Accept applications at any time.

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 the RI Phil Music School @ the United 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 the RI Phil Music School @ the United 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). 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 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

Enrollment Status: New Student Returning Student

Instrument/Class Teacher

Lesson Length: 30 minutes 45 minutes 60 minutes Other:

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

2. Student's Name Date of Birth Grade

Enrollment Status: New Student Returning Student

Instrument/Class Teacher

Lesson Length: 30 minutes 45 minutes 60 minutes Other:

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3. Student's Name Date of Birth Grade

Enrollment Status: New Student Returning Student

Instrument/Class Teacher

Lesson Length: 30 minutes 45 minutes 60 minutes Other:

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

Address City State Zip

Cell or Home 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, including all schedules for **both** parents/guardians)
- 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.