Parent 1 Information: Parent 2 Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_ Same as Student/s, or: Address: \_\_\_\_\_ Same as Student/s, or:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Information – Gross yearly income figures for most current tax year.

Parent 1 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rental Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Income: $\_\_\_\_\_\_\_\_\_\_\_

Unemployment Income $\_\_\_\_\_\_\_\_\_\_\_ Investment Income: $\_\_\_\_\_\_\_\_\_\_\_\_

Alimony Income $\_\_\_\_\_\_\_\_\_\_\_ Other Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total yearly gross income: $\_\_\_\_\_\_\_\_\_\_\_ # of People Supported by this income: \_\_\_\_\_\_\_\_

I understand that by receiving financial assistance for private lessons from the Community Music School means I will pay a discounted rate per month per child.

I understand that financial assistance is not guaranteed, and I will be emailed with either a confirmation or not as soon as my application is submitted. In this email, the discounted rate and payment schedule will be explained.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent 2 Signature Date