

FOOSA 2016
Application for Tuition Assistance
Application must be received by date indicated in email.
All information will be held in strictest confidence.

No application will be considered without verification of financial information.

For Office Use Only:
Amount Awarded: _____
Date: _____
Comments:

Applicant's Name:	Applicant's Age:	Date of Application:
Instrument:	Singers, indicate voice type:	
Permanent Address:		
Best phone number at which to reach responsible party (parent/guardian for those under 18):	Responsible Party Email (parent/guardian for those under 18):	
APPLICANTS CLAIMED AS DEPENDENTS MUST COMPLETE THE FOLLOWING SECTION		
Family address:		
Name(s) of Parent(s) or Guardian(s):		Number of persons living in household applying for financial assistance:
Father's Occupation:	<input type="checkbox"/> Check if custodial parent	Father's Phone:
Mother's Occupation:	<input type="checkbox"/> Check if custodial parent	Mother's Phone:
Family information (select all that apply) <input type="checkbox"/> Parents Married <input type="checkbox"/> Parents Divorced* <input type="checkbox"/> Parents Separated* <input type="checkbox"/> Single-parent household <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased <small>*Separate financial information MUST be provided from both custodial and non-custodial parents.</small>	2015 Adjusted Gross Income \$	2016 Estimated Adjusted Gross Income \$

Statement of Need: A brief Statement of Need is required from all applicants. If you have submitted 2014 tax returns please describe how your family's financial circumstances may have changed since 2014. Please provide additional information that may be helpful in our evaluation. Please discuss in detail any hardship circumstances that should be known such as medical problems, siblings in college, eldercare and extenuating circumstances concerning parent's/guardian's employment. You may use the back of this page or submit a separate sheet.

Acknowledgement

I, _____, the (mother / father / legal guardian) of _____, a student of the 2016 FOOSA SUMMER ACADEMY, hereby acknowledge and affirm that all of the information and documentation submitted as a part of this application is true and factual to the best of my knowledge, and understand that if discrepancies are found after most recent tax returns are submitted, this request and any tuition award previously offered may be adjusted or revoked by FOOSA. If necessary, I give permission to FOOSA to verify my employment, assets, and financial responsibility.

I understand that I am responsible for any tuition balance that remains after tuition assistance amount has been applied.

Parent/Guardian Signature: _____ Date Signed: _____

NOTE: MAXIMUM ASSISTANCE AMOUNT WILL BE ONE HALF OF TUITION FOR RELEVANT PROGRAM (full-day or half-day). APPLICANT IS RESPONSIBLE FOR REMAINING COSTS. PLEASE CONTACT US EARLY IF YOU THINK YOU WILL NEED ADDITIONAL HELP OF ANY KIND.

All Tuition Assistance Requests must include:

- Completed application with Statement of Need (please attach)
- Copy of parents'/guardians' 2015 Federal Tax Form 1040
- OR
- Copy of parents'/guardians' 2014 return with a description in your Statement of Need of how your financial circumstances may have changed since 2014.
- Copy of parent/guardian's most recent pay stub

Submit completed application and all required forms to:
 FOOSA, Youth Orchestras of Fresno, 444 West Shaw, Fresno, CA 93704 or email scans to office@youthorchestrasfresno.org