

Date received in office:  
\_\_\_\_\_



## REQUEST FOR FINANCIAL AID

- A completed Registration Form must accompany each individual student's Request for Financial Aid.
- YOU MUST attach a copy of your most recent Federal Income Tax form (1040; 1040A; 1040EZ, pages only) and/or additional documents to show proof of income.
- Please complete the application form in its entirety and turn in proof of income documents. \*\*\*\*Incomplete applications will not be considered for financial aid. \*\*\*\*
- One student applicant per request form. Additional family requests may omit sections marked (†) after completion of one entire form for the first applicant in the family.

**STUDENT NAME** (Last, first) \_\_\_\_\_ **AGE** \_\_\_\_\_

**PARENT/GUARDIAN NAME** (Last, first) \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

Street Address

City

State

Zip Code

**HOME PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_ **WORK** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**LESSON TYPE** (Instrument) \_\_\_\_\_ **HAS STUDENT ALREADY STARTED LESSONS AT HNMC?** \_\_\_\_\_ **IF YES:**

**DATE OF 1st LESSON** \_\_\_\_\_ **LESSON LENGTH** (Circle one): **30 min** **45 min** **60 min** **TEACHER** \_\_\_\_\_

**HAVE YOU RECEIVED FINANCIAL AID FROM H.N.M.C. BEFORE?** \_\_\_\_\_ **IF YES, WHEN?** \_\_\_\_\_

**AMOUNT(S)** \_\_\_\_\_ **DID YOU COMPLETE YOUR VOLUNTEER OBLIGATION?** \_\_\_\_\_ **# OF HOURS** \_\_\_\_\_

(†) **THE FOLLOWING INFORMATION IS ONLY REQUIRED FOR FIRST FAMILY MEMBER**

(†) **TOTAL ANNUAL INCOME FOR FAMILY** (Include all sources of income) \$ \_\_\_\_\_ (Attach documents)

(†) **HOW MANY CHILDREN ARE IN HOUSEHOLD?** \_\_\_\_\_ (†) **HOW MANY ADULTS ARE IN HOUSEHOLD?** \_\_\_\_\_

(†) **NUMBER OF OTHERS BEING SUPPORTED, RELATIONSHIP** (Other dependents) \_\_\_\_\_

(†) **PLEASE DESCRIBE ANY SPECIAL CIRCUMSTANCES WHICH AFFECT YOUR NEED FOR FINANCIAL ASSISTANCE. IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET.** \_\_\_\_\_

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PLEASE TURN FORM OVER AND COMPLETE THE OTHER SIDE

# FINANCIAL AID

## PRINCIPLES, GUIDELINES, & EXPECTATIONS



### PRINCIPLES

1. Financial aid assists children and adults whose current economic circumstances prohibit them from studying music.
2. Holy Names Music Center aims to provide financial aid to as many students as possible.
3. The role of family/parental support is essential.

### GUIDELINES

1. **The monthly pro-rated tuition not covered by financial aid will be paid by the 5<sup>th</sup> of each month.**
2. Financial aid is allocated toward the cost of a 30 minute tuition lesson; cost of additional time must be covered in full by the student.
3. The student will be enrolled in full time weekly instruction with a mid-year and end year review in January and June.
4. Financial Aid is limited to instruction in one area per student.
5. Financial Aid is prorated on a monthly basis. The monthly balance of tuition will be kept current by the student.
6. Financial Aid is non-transferable to another member of the family.
7. Holy Names Music Center requires a copy of the most recent Federal Income Tax form which includes signatures: 1040;1040A;1040EZ forms only.
8. Financial Aid will not be applied to lessons given prior to award and must be requested each academic year.

### EXPECTATIONS

**Scholarship recipients agree to these Principles, Guidelines, and Expectations when signing their request for financial aid.**

1. Students will arrive at their lessons on time and prepared.
2. Students will prepare a thank-you directed towards the Scholarship Committee.
3. Each student must complete 1 hour of volunteer service for each \$100 of Financial Aid received.

**H.N.M.C. TUITION:** Annual Registration Fee (must be paid upon acceptance of financial aid, and prior to starting lessons): \$ 40.00  
Monthly pro-rated tuition for 30 minute weekly lessons during the year: (See current school lesson rates) \$118.73

**Please pay as much as you are reasonably able to.** Students receiving financial aid will be evaluated in January based on the Financial Aid Principles, Guidelines and Expectations before funds are given for the remainder of the school year.

### *Financial Aid Request Calculation:*

#### Monthly

**Total Monthly Tuition Amount:** \$ \_\_\_\_\_  
**Amount you are able to pay monthly:** \$ \_\_\_\_\_  
**Amount of Aid requested:** \$ \_\_\_\_\_

**I/we have read the Financial Aid Principles, Guidelines & Expectations above, and submit this request.**

\_\_\_\_\_  
Signature of Adult Responsible for Payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

PLEASE TURN FORM OVER AND COMPLETE THE OTHER SIDE