

Indian Hill Music School, PO Box 1484, Littleton, MA 01460 | Tel. (978) 486-9524 Fax (978) 486-9844

ROUND 1 APPLICATION DEADLINE: August 1, 2017

AFTER THIS DATE, SCHOLARSHIP CONSIDERATION WILL BE ON A ROLLING BASIS, PENDING AVAILABLE FUNDS.

Please fill out this form **completely** and return with a \$50 deposit (to be applied to tuition and registration fees). **Incomplete applications will not be processed.** Please include a copy of your Form 1040 from your most recent tax return. See the Checklist at the end of this form to insure that all steps have been followed. Applications will be considered based on time of application and only if scholarship funds are still available. All information provided is confidential.

Family Name:

I. Family Information

Adult Students Only Should Complete this Section (For Youth Students please skip to next section)

Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Email _____

Occupation _____

Employer _____ City, State _____

Skip to Section II.

Families with Children/Youth

Parent #1 Name _____ Circle One: Mother /Father /Guardian

Occupation _____ Employer _____

Parent #2 Name _____ Circle One: Mother /Father /Guardian

Occupation _____ Employer _____

Home Address _____ CITY _____ STATE _____ ZIP _____

Email _____

Parent(s) is/ are: Together _____ Separated _____ Divorced _____ Single _____

1. Student Name _____ Age _____ Grade _____

2. Student Name _____ Age _____ Grade _____

3. Student Name _____ Age _____ Grade _____

4. Student Name _____ Age _____ Grade _____

II. Lesson/Class Info

For each student please indicate if they are registered for a lesson, class or ensemble and provide details; for example "30 minute piano lesson" or "Group Piano Class" or "Clarinet Ensemble".

1. ___ Private Lesson ___ Class/Ensemble Tuition \$ _____ Details: _____

2. ___ Private Lesson ___ Class/Ensemble Tuition \$ _____ Details: _____

3. ___ Private Lesson ___ Class/Ensemble Tuition \$ _____ Details: _____

4. ___ Private Lesson ___ Class/Ensemble Tuition \$ _____ Details: _____

For Office Use DEPOSIT REC'D \$ _____ DATE _____ FORM OF PYMT _____

III. Financial Information

➔ **PLEASE ATTACH A COPY OF FORM 1040 FROM YOUR MOST RECENT TAX RETURN.**

1. Please list all gross annual income sources:

Adult Student \$ _____ Parent #1 \$ _____ Parent # 2 \$ _____ Other \$ _____

2. Number of people supported by this income: Adults _____ Children _____

3. What is your monthly rent \$ _____ OR mortgage & tax payment \$ _____

4. If the student is a child, does he/she receive free or reduced price school meals? _____ Are you eligible for food stamps? _____

5. Monthly unreimbursed medical expenses \$ _____

Other unusual monthly expenses \$ _____ Describe: _____

6. What percent of your tuition would you say that you can afford to pay? _____

Are there any other compelling financial circumstances for the Scholarship Committee to consider?

(Please include a brief statement to help us understand your current situation. Attach a separate sheet if needed.)

What does studying music at Indian Hill Music School mean to you? *(Answering this question is optional, but we are interested in learning more about your interest and experience. Attach a separate sheet if needed.)*

I hereby state that all of the above information is true and complete.

Signature of adult student or parent/guardian

Recipient Obligations

- Student co-payments must be made on time in order for scholarship aid to continue.
- For continuing students, evaluations of student effort, progress, and attendance will be considered.
- All student families receiving scholarship aid are required to volunteer from 1-8 hours per year for Indian Hill, depending on the size of the award. Your volunteer commitment of hours will be indicated along with your scholarship award in your letter of notification.

Application Process Checklist

_____ Complete the entire Scholarship Application. **Incomplete Applications cannot be processed.**

_____ **Attach Form 1040 from your most recent tax return.**

_____ Include a brief explanation of your current financial situation to support your need for financial aid.

_____ Mail or fax (978 486-9844) completed application to: Indian Hill Music, PO Box 1484, Littleton, MA 01460.

_____ Include \$50 **deposit** with application. **The deposit will be applied to balance of tuition and registration fees.**

Indian Hill Music does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, citizenship, ancestry, age, mental or physical disability, veteran status, or any other category protected under applicable law in its admissions, education programs, activities, or employment policies.