



ATHENS COMMUNITY MUSIC SCHOOL
FINANCIAL ASSISTANCE INFORMATION and APPLICATION
2021-2022

Limited financial aid is available for the upcoming academic year. Assistance is awarded in part, based on date of application. No application is considered unless all the information is complete.

- Applying for financial aid does *not* automatically guarantee financial assistance.
- In order to assist as many students as possible, the majority of awards will be for 50% or less of the tuition.
- A most recent tax return must be submitted with the application. It is not necessary to submit the tax return each semester unless the information has changed. There is a spot on the application where you can provide additional information which can assist in determining the need for financial assistance.
- Priority is given to current students in the Athens Community Music School, however, new students are encouraged to apply.
- If a student fails to attend lessons or classes or if a teacher feels that the student is not applying him/herself to his/her studies, the financial assistance may be discontinued.
- If an account is not paid in full, financial assistance may not be awarded for future study.
- All financial assistance is awarded at the discretion of the Director.
- Students who do not complete the semester of the award may be asked to pay back the financial award to the ACMS.



PART I. APPLICANT GENERAL INFORMATION

Student Name: _____ **Date of Birth:** _____
Address: _____
Street/Apt # City State Zip
School: _____ **Grade:** _____
Mother: _____ **Father:** _____
Home Phone: _____ **Work or Cell:** _____
E-mail address: _____
Program for which you would like to receive assistance (ie., lesson, group class) : _____
If lesson, length of lesson desired: ____ 30 minutes ____ 45 minutes ____ 60 minutes
Please note that we do not guarantee the availability of funds to support lessons beyond 30 minutes.

PART II. FINANCIAL INFORMATION

Section 1. Total Household Gross Income (include form 1040, 1040A, 1040EZ, I-20)					
1. Adjusted Gross Income for Last Completed Tax Year: \$ _____					
2. Estimated Gross for Current Tax Year: \$ _____					
3. Number of Persons in Household Supported by this Income: _____					
	Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				
4. Names of Everyone in Household	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	5. Check if NO income
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
Section 2. Additional Expenses					
Please explain any other special circumstances that bear on your need for Scholarship assistance (attach a separate page if necessary):					
Section 3. Signature of Person Completing Form (Adult must sign)					

An adult household member must sign the application. The adult signing the form must also list his or her Social Security
I certify (promise) that all information on this application is true and that all income is reported.

Sign here: X _____ Print name: _____