

ASU COMMUNITY MUSIC SCHOOL FINANCIAL AID FORM

*Dr. Liz Rose, ASU-CMS
Hayes School of Music, Broyhill Music Building, Appalachian State University
813 Rivers Street, Boone, NC 28607*

Student's name _____ Current Grade _____ Gender _____

Parent/Guardian name _____

Home phone _____ Work phone _____ Email _____

Home address _____

What is the instrument/ensemble for which you are seeking financial assistance? _____

How long have you studied the above instrument? _____

How long a lesson do you want to take? _____ 30 min. _____ 60 min.

Please give the total annual income of person(s) responsible for the music tuition and include a copy of last year's IRS form for all parties involved.

Father: \$ _____

Mother \$ _____

Guardian \$ _____

Please state why financial assistance is needed:

Are there other circumstances that should be considered?

I hereby declare that all statements made herein are true according to my best knowledge.

Parent/Guardian Signature _____

Signature

Date

Please complete all of the information on this form and mail it to the above address no later than August 15 for Fall Semester and December 15 for Spring Semester. You will be contacted by Dr. Rose regarding the status of your application 5 days after the above deadlines. Please remember that limited financial aid monies are available at this time. We will do our best to work with you and your family. Application is not complete without a copy of your most recent federal tax returns. If not required by law to file a federal tax return, please provide official documentation of income. *Any supporting materials cannot be returned, so please send only photo copies.*