

FINANCIAL AID INFORMATION SHEET PLEASE READ CAREFULLY

WHO CAN APPLY FOR FINANCIAL AID?

Any student or client attending The Music Settlement on a regular basis may apply for aid. Students or clients receiving aid must be enrolled and are expected to attend classes or lessons regularly, and show progress and interest.

HOW IS FINANCIAL AID AWARDED AND HOW OFTEN?

Income based financial aid is limited up to a maximum of \$2,500 per school year/per family and is based upon financial need. Financial aid applicants must submit the proper registration materials and proof of income at the same time as submission of the financial aid form. Renewal of financial aid each year is not automatic; therefore, it is necessary to reapply each school year for the fall semester. The aid percentage is awarded by each class or lesson/session registration. If you wish to add a class or lesson/session, please contact the appropriate center for additional financial aid consideration.

Financial aid is used to pay for tuition only and is not applied to registration or other fees. In the case of discontinuance during a semester, financial aid will be prorated according to tuition still outstanding. Any accounts that are sent to collection for non-payment may have any remaining financial aid removed.

Scholarships and/or discounts will be applied first towards tuition before any financial aid is applied to the remaining balance. Third party reimbursement for tuition will be handled on a case-by-case basis.

HOW DO I APPLY?

You may apply for aid in person, by mail, or by fax to the appropriate Center. It is important that you include proof of household income with your application. Your application must include a copy of the first page of your most recent 1040, 1040EZ or 1040A, AFDC, SSI or unemployment information. Do not send originals, only copies of the originals.

HOW WILL I KNOW IF I WILL RECEIVE FINANCIAL AID?

All applicants will receive an official award letter from the school with notification of approval or denial of financial aid. The applicant has 35 days from the date of the official award letter to register for lessons/sessions. After this date the financial aid award is withdrawn and no longer valid. Families must notify the appropriate Center if they wish to reapply for aid. Please note that, in this instance, aid amounts may be less than any aid award that was withdrawn by The Music Settlement because of failure to register.

If you have not received notification within 14 days from the date of filing, please call (216) 421-5806

Center for Music: ext. 188 Center for Early Childhood/Inlet: ext. 160 Center for Music Therapy: ext. 104

Reminder!!!

Please complete all pages of the application.

It is important that you include proof of household income with your application. We are looking for proof of your total yearly gross income and number of dependents from the previous year.

The following documents are typically used for Proof of income:

- A copy of the first page of your most recent Form 1040, 1040EZ or 1040A, or . . .
- A copy of your yearly AFDC (Aid to Families with Dependent Children) statement or . . .
- A copy of your SSI (Social Security Income) statement, or . . .
- Unemployment benefit information, or . . .
- A copy of your W2.

Please do not send originals, only copies of the originals.

Preferred Campus:

University Circle Ohio City



CENTER FAX NUMBERS Center for Music: 216-231-5005 Center for Music Therapy: 216-231-5007

APPLICATION FOR FINACIAL AID

See information on page I before completing form

If you are an adult student or client applying for financial aid, please complete the appropriate information in each section and inform us of this below in section 1.

I. □ PARENT □ GUARDIAN	ADULT STUDENT /	CLIENT INFORMATIC	N		
Financially Responsible Party Name		;			
Last		Fire	First		
Address:Number and Street	City	State	Zip		
Phone: () C					
2. STUDENT / CLIENT INFORM		l students on a separate she	eet of paper)		
a) Student / Client Name: Last Gender: Female Male Decline Ethnicity information (your answer is of a sian/Asian American/India Center(s) (Check all that apply): What class/instrument are you applying	First to answer Relationship to fi completely confidential): an	inancially responsible party: African American rican Native American Early Childhood			
b) Student / Client Name: Last Gender: Female Male Decline Ethnicity information (your answer is o Asian/Asian American/India Center(s) (Check all that apply): What class/instrument are you applying	First to answer Relationship to fi completely confidential): an	African American Native American Early Childhood			
c) Student / Client Name: Last Gender: Female Male Decline Ethnicity information (your answer is o Asian/Asian American/India Center(s) (Check all that apply): What class/instrument are you applyin	First to answer Relationship to fi completely confidential): an Hispanic/Latin Amer Music Music Therapy	inancially responsible party: African American Native American	-		

Occupation:	Work Phone: (_)		xt:
4. HOUSEHOLD INFORMATION				
Does student/client reside with both parents? [Number of dependents (please include all family		financially r	esponsible	2):
5. FINANCIAL INFORMATION This sect	tion is to be completed by the	e party resp	onsible for	⁻ payment.
Please note that all adjusted gross in return (form 1040, 1040EZ or		-	-	
HOUSEHOLD INCOME, EARNINGS All figures must be from your most recently				
Father's adjusted gross income:			<u></u>	
Mother's adjusted gross income				
Student/client adjusted gross in Spouse (of adult student) adjust				
Other family member adjusted			_	
Total combined adjusted gross	income: \$			
3rd PARTY FUNDING Will you rece or other source to assist you in paying a If yes, please provide name of organizat Organization:	all or part of the tuition? The Young	'es ∏ No n:		, ,
Organization: Phone ()	email:			
If you wish The Music Settlement to consider a (such as anticipated future large medical or edubelow:				
6. CERTIFICATION By signing below I cert best of my knowledge. I realize that incompor reversal of financial aid.				
		Б.	,	ı
Signature of applicant Father Mother	☐ Guardian ☐ Self	Date: _		<u> </u>