

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 financial 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 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 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 ASSISTANCE?

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 After this date the financial aid award is withdrawn and no longer valid.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 Please note that, in this instance, aid amounts may be less than any aid award that was withdrawn by The Music Settlement because of failure to register.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: xt. 100 Center for Early Childhood/Inlet: xt. 160 Center for Music Therapy: xt. 104

2017-2018
APPLICATION FOR FINANCIAL AID
 See information on page 1 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 I.

I. ☐ PARENT ☐ GUARDIAN ☐ ADULT STUDENT / CLIENT INFORMATION

Financially Responsible Party Name _____; _____
Last First

Address: _____

Number and Street	City	State	Zip

Phone: (____) - ____ - ____ Cell: (____) - ____ - ____

email: _____

2. STUDENT / CLIENT INFORMATION (Include additional students on a separate sheet of paper)

a) Student / Client Name: _____ Date of birth: ____/____/____
Last First

Gender: ☐ Female ☐ Male Relationship to financially responsible party: _____

Ethnicity information (your answer is completely confidential): ☐ African American ☐ Caucasian
☐ Asian/Asian American/Indian ☐ Hispanic/Latin American ☐ Native American ☐ Other

Center(s) (Check all that apply): ☐ Music ☐ Music Therapy ☐ Early Childhood ☐ Inlet Dance

What class/instrument are you applying for? _____

b) Student / Client Name: _____ Date of birth: ____/____/____
Last First

Gender: ☐ Female ☐ Male Relationship to financially responsible party: _____

Ethnicity information (your answer is completely confidential):

<input type="checkbox"/> Asian/Asian American/Indian	<input type="checkbox"/> Hispanic/Latin American	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Native American	<input type="checkbox"/> Other

Center(s) (Check all that apply): ☐ Music ☐ Music Therapy ☐ Early Childhood ☐ Inlet Dance

What class/instrument are you applying for?

c) Student / Client Name: _____ Date of birth: ____/____/____
Last First

Gender: ☐ Female ☐ Male Relationship to financially responsible party: _____

Ethnicity information (your answer is completely confidential):

<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian/Asian American/Indian	<input type="checkbox"/> Hispanic/Latin American
<input type="checkbox"/> Native American	<input type="checkbox"/> Other

Center(s) (Check all that apply): ☐ Music ☐ Music Therapy ☐ Early Childhood ☐ Inlet Dance

What class/instrument are you applying for?

3. Parent, Guardian, Adult Student/Client EMPLOYMENT INFORMATION

☐ Employer/ ☐ self employed _____

Occupation: _____ Work Phone: (____) - ____ - ____ xt: ____

4. HOUSEHOLD INFORMATION

Does student/client reside with both parents? ☐ Yes ☐ No ☐ N/A

Number of dependents (please include all family members for whom you are financially responsible): _____

5. FINANCIAL INFORMATION This section is to be completed by the party responsible for payment.

Please note that all adjusted gross income must be supported by your most recently filed tax return (form 1040, 1040EZ or 1040A, AFDC, SSI or unemployment information)

HOUSEHOLD INCOME, EARNINGS AND BENEFITS

All figures must be from your most recently completed tax return

Father's adjusted gross income:	\$ _____
Mother's adjusted gross income:	\$ _____
Student/client adjusted gross income:	\$ _____
Spouse (of adult student) adjusted gross income:	\$ _____
Other family member adjusted gross income:	\$ _____
 Total combined adjusted gross income:	 \$ _____

3rd PARTY FUNDING Will you receive 3rd party reimbursement from a foundation, trust, county agency or other source to assist you in paying all or part of the tuition? ☐ Yes ☐ No

If yes, please provide name of organization(s) and contact information:

Organization: _____ Name: _____
Phone (____) - ____ - ____ email: _____

If you wish The Music Settlement to consider additional circumstances when evaluating your financial aid needs (such as anticipated future large medical or education expenses, recent job loss, etc.), please explain the situation below:

6. CERTIFICATION By signing below I certify that all of the information on this form is true and complete to the best of my knowledge. I realize that incomplete information or any fraudulent information given can result in denial or reversal of Financial Aid.

Signature of applicant ☐ Father ☐ Mother ☐ Guardian ☐ Self

Date: ____/____/____

Signature