

ADDITIONAL FINANCIAL AID APPLICATION

SEMESTER: _____



The Music Settlement
OHIO CITY · UNIVERSITY CIRCLE

11125 Magnolia Dr
Cleveland, OH 44106
216-421-5806

Office Use Only:

_____ / _____
Contact ID Student ID

Received: _____

Org. amount awarded \$ _____ Additional amount requested: \$ _____

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

Fund name: _____ Fund number: _____

Letter sent: _____

Department(s) to which you are applying (Check all that apply): Department of Music Music Therapy
 Early Childhood

STUDENT / CLIENT INFORMATION

Student / Client Name: _____ Age: _____
Last First

Reason for additional funds

[Empty box for Reason for additional funds]

CERTIFICATION

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 of Financial Aid. I understand that there may no longer be aid available, and therefore may not be awarded additional aid.

Signature of: Father Mother Guardian Self

Signature of: Father Mother Guardian Self

Date: _____

Date: _____