

**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: \_\_\_\_\_