

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

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: ____/____/____
