



The Music Settlement

OHIO CITY · UNIVERSITY CIRCLE

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 \$3,500 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. After this date the financial aid award is withdrawn and no longer valid.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 Please note that, in this instance, aid amounts may be less than any aid award that was withdrawn by The Music Settlement because of failure to register.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. 100

Center for Early Childhood: ext. 160

Center for Music Therapy: ext. 104

Reminder!!!

Please complete all pages of this application.

It is important that you provide us with 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
- A copy of your yearly AFDC (Aid to Families with Dependent Children) statement
- A copy of your SSI (Social Security Income) statement
- Unemployment benefit information
- A copy of your W2

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

Preferred Campus:
 University Circle
 Ohio City



The Music Settlement

OHIO CITY · UNIVERSITY CIRCLE

CENTER FAX NUMBERS
Center for Music: 216-231-5005
Center for Music Therapy: 216-231-5007
Center for Early Childhood: 216-421-7784

APPLICATION FOR FINANCIAL AID

See information on pages 1 and 2 before completing form. All fields are required.

I. PARENT GUARDIAN ADULT STUDENT / CLIENT INFORMATION

Financially Responsible Party Name: _____, _____
Last First

Address: _____
Number and Street City State Zip

Phone Number: _____ Cell Phone Number: _____

Email: _____

2. STUDENT / CLIENT INFORMATION Include additional students on a separate sheet of paper. Demographics are used for reporting purposes only and will not determine eligibility to receive financial aid.

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

Relationship to financially responsible party: _____

Gender: Female Male Gender Non-Conforming Non-binary Decline to Answer

Race: Asian or Asian American Black or African American White / Caucasian Multiracial

American Indian or Alaska Native Native Hawaiian or other Pacific Islander Decline to Answer

Hispanic/Latino/Latina/Latinx: Yes No Decline to Answer Appalachian: Yes No Decline to Answer

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

Name of Preferred Class(es): _____

(Private Lessons/Sessions) Instrument: _____ Length of lesson/session: ____ min.

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

Relationship to financially responsible party: _____

Gender: Female Male Gender Non-Conforming Non-binary Decline to Answer

Race: Asian or Asian American Black or African American White / Caucasian Multiracial

American Indian or Alaska Native Native Hawaiian or other Pacific Islander Decline to Answer

Hispanic/Latino/Latina/Latinx: Yes No Decline to Answer Appalachian: Yes No Decline to Answer

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

Name of Preferred Class(es): _____

(Private Lessons/Sessions) Instrument: _____ Length of lesson/session: ____ min.

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

Relationship to financially responsible party: _____

Gender: Female Male Gender Non-Conforming Non-binary Decline to Answer

Race: Asian or Asian American Black or African American White / Caucasian Multiracial

American Indian or Alaska Native Native Hawaiian or other Pacific Islander Decline to Answer

Hispanic/Latino/Latina/Latinx: Yes No Decline to Answer Appalachian: Yes No Decline to Answer

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

Name of Preferred Class(es): _____

(Private Lessons/Sessions) Instrument: _____ Length of lesson/session: ____ min.

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

Employer / Self Employed: _____

Occupation: _____ Work Phone: _____

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): _____

(Your attached proof of income must contain your number of dependents, or please submit additional proof.)

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 attached proof of income:
Form 1040, 1040EZ, 1040A, AFDC, SSI, Unemployment Benefit, or W2.**

HOUSEHOLD INCOME, EARNINGS AND BENEFITS

All figures must be from your most recently completed tax return:

Parent 1's adjusted gross income:	\$ _____
Parent 2'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: _____ Contact Name: _____

Phone _____ Email: _____

If you wish The Music Settlement to consider additional circumstances when evaluating your tuition assistance 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: Parent Guardian Self

Signature

Date