

*Nashua*  
 \_\_\_\_\_  
 C O M M U N I T Y  
 \_\_\_\_\_  
 MUSIC  SCHOOL  
 \_\_\_\_\_

**FINANCIAL AID APPLICATION**

Financial aid is granted to students on the basis of family need and the school's availability of funds. There are several factors when determining the award. They include, but are not limited to: family financial need, temporary unemployment, emergencies, illnesses, and total music training expenses. All student financial aid information is confidential. Continuation of assistance depends on evaluation of the student's commitment and progress as well as availability of funds. New and continuing students, who are enrolled in private lessons, classes, or ensembles, are eligible for financial aid.

**SEMESTER**(Please circle one): Fall / Spring / Other

**Student Information** (Please use the space below to tell us about all of the students, adults and children, enrolled at CMS.)

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Instrument \_\_\_\_\_ Lesson Length \_\_\_\_\_ Years of Study \_\_\_\_\_  
 Current Instructor OR Class Name \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Instrument \_\_\_\_\_ Lesson Length \_\_\_\_\_ Years of Study \_\_\_\_\_  
 Current Instructor OR Class Name \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Instrument \_\_\_\_\_ Lesson Length \_\_\_\_\_ Years of Study \_\_\_\_\_  
 Current Instructor OR Class Name \_\_\_\_\_

**Family Occupation Information (For Students under the age of 18)**

Parents are: Together \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_

Mother/Guardian Name \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_

**Adult Student Occupation Information**

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_

**Financial Information**

- 1. Please list all gross yearly income  
Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_ OR Adult Student \$ \_\_\_\_\_
  - 2. Number supported by this income: Adults \_\_\_\_\_ Children \_\_\_\_\_
  - 3. What is your monthly rent \$ \_\_\_\_\_ OR mortgage & taxes \$ \_\_\_\_\_ payment?
  - 4. Does your child receive free meals at school? \_\_\_\_\_  
Are you eligible for food stamps? \_\_\_\_\_
- Are there any other compelling financial circumstances for the Board of Directors to consider?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Aid Requested** (In the space below please tell us how much you can afford to contribute towards tuition.)

Total Tuition Cost per term \$ \_\_\_\_\_ Student/Family contribution \$ \_\_\_\_\_ per term  
Amount of scholarship aid requested \$ \_\_\_\_\_

**Recipient Obligations**

Recipients of financial aid must complete all co-payments in full and on time. Any requests for aid must be received before the start of the term. For continuing students, the evaluating board will also consider student effort and attendance.

**I hereby state that I have completed this form, and to the best of my knowledge I believe it to be accurate. I will comply with the scholarship obligations should I be awarded one.**

**Signature of Music Student** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

Please mail the completed form to: Community Music School  
5 Pine Street, Mill Annex #6  
Nashua, NH 03060