

Music at Port Milford Financial Aid Application

Partial scholarships (bursaries) are available for Music at Port Milford based on demonstrated financial need. Preference will be given to applications received before April 1st.

In order for us to distribute our limited funds fairly to all applicants, we need to have some information about your household's financial resources, as well as your obligations (see below). Be assured that all information you send will be held in the strictest confidence.

Please include with this completed application:

1. Copy of most recently filed income tax form.
2. Teacher's letter of recommendation, if not previously submitted.
3. Audition tape of recently polished piece, if not previously submitted.

Please give us the following information:

Student Information

Student's name: _____ Instrument: _____ S.I. or S.S.#: _____

Years of study: _____ Date of Birth: _____ Grade in School: _____

Parents' Information

Father's Name: _____

Mother's Name: _____

Father's Address: _____

Mother's Address (if different) _____

Father's Telephone: _____

Mother's Telephone: _____

Father's Occupation: _____

Mother's Occupation: _____

Father's Employer and Address: _____

Mother's Employer and Address: _____

Father's Annual Income:

less than \$15,000___; \$15,000-\$25,000___;
\$25,000-\$40,000___; \$40,000-\$60,000___;
\$60,000-\$80,000___; over \$80,000___.

Mother's Annual Income:

less than \$15,000___; \$15,000-\$25,000___;
\$25,000-\$40,000___; \$40,000-\$60,000___;
\$60,000-80,000___; over \$80,000___.

Household Information

Siblings and other dependents in family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Special Circumstances

Please let us know of any special circumstances we should be aware of in considering your application including college or school tuition, medical expenses, etc. Include proof of above where applicable.

I certify that the above information is accurate _____
(date)

(signature of parent/guardian)

Return completed application to:
Music at Port Milford
c/o David Hill, Treasurer
288 Washington Ave.
Pleasantville, NY 10570