



APPLICATION FOR FINANCIAL ASSISTANCE



Student Name _____ Date of Birth _____
First Last

Address _____ City/State/Zip _____
City State Zip

School Attended _____

IMPORTANT: You must provide ALL requested information, including information for both legal Guardian #1 and Guardian #2. Incomplete applications cannot and will not be processed.

Guardian #1 _____ SS# _____
First Name Last Name

Home Address _____ Phone (H) _____

City/State/Zip _____
City State Zip

E-mail Address _____

Employer _____ Phone (W) _____

Adjusted Net Income from 2008 tax return: \$ _____

Guardian #2 _____ SS# _____
First Name Last Name

Relation to Guardian #1 _____

Home Address _____ Phone (H) _____

City/State/Zip _____
City State Zip

Employer _____ Phone (W) _____

Adjusted Net Income from 2008 tax return: \$ _____

HOUSEHOLD FINANCIAL INFORMATION

Tax Form filed in 2008: 1040 1040A 1040EZ Other _____

No. of Exemptions _____ Adjusted Gross Income: \$ _____

Additional Income (include child support, social security, disability, and other income sources)

Amount \$ _____ Source _____

Amount \$ _____ Source _____

Amount \$ _____ Source _____

ATTACH A COPY OF YOUR 2008 TAX RETURN OR OTHER PROOF OF INCOME.



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Lesson/Class applying for: _____ Beginning Date: _____

Tuition Total: \$_____ How much are you able to pay: \$_____ Amount of Aid requested: \$_____
Please describe reason for Financial Assistance Application below. Include any information that you feel would be helpful to the Scholarship Committee in making their decision. If necessary, please attach a separate sheet.

I certify that I have provided current, accurate and truthful information. I understand that should I receive financial aid, I will be responsible for paying any tuition balance by indicated deadlines. I have read the guidelines on the Financial Aid Information sheet and understand that failure to meet these expectations will likely jeopardize further consideration of tuition assistance by the SPCM.

Signature _____ Date _____
Parent/Guardian or Adult Student

Volunteer activities: Aid recipients are expected to donate a minimum of 2 hours of volunteer time. Please choose three items from the list below. We will contact you to make arrangements.
[] Cleaning [] Filing/ data entry
[] Bulk mailing [] Set up/clean up at SPCM Events (circle event) Gala Oct 4/ Halloween Concert Oct 25/ Holiday Concert Dec 19 / Spring Rhapsody May 28
[] Distribute flyers
[] Office help [] SPCM outreach (circle event) Fall Open House Sept 24/ Spring Open House Jan 14 / Summer Open house May 6/ misc info fairs

Return this form and copy of your most recent Federal Income Tax form or other proof of income to:
Saint Paul Conservatory of Music
29 East Exchange Street
Saint Paul MN 55101

For SPCM use only:

Scholarship Awarded: [] yes [] no Amount of award: \$_____ or _____%
Date awarded: _____ Date notified: _____