

NEW YORK SUMMER MUSIC FESTIVAL PO BOX 947 ONEONTA, NY 13820

PHONE

855.696.9763

FAX

866.381.2106

EMAIL

INFO@NYSMF.ORG

WEB

WWW.NYSMF.ORG

## FINANCIAL AID/SCHOLARSHIP FORM • Festival Year

If applying for aid, this form must accompany the application form. The NYSMF Financial Aid/Scholarship application is NOT required for application to the festival.

A limited number of scholarships/financial aid packages are available, and will be awarded to students based on need and/or merit. Applications received after the deadline will only be considered based on availability. All applications must be accompanied by copies of the parent(s) or guardian(s) most recently submitted IRS tax returns and W-2 income forms. (Please include copies of each parent's/guardian's tax forms if filed separately. If tax returns were not filed, please submit adequate proof of income, i.e. W-2, 1099, year-end paystubs, etc.) Failure to provide all of the required information and income documentation will disqualify consideration for Financial Aid and Scholarship Assistance.

☐ Student application ☐ CD recording (1-2 movem	Recommendation ents of a concerto o		r other tax documen rasting styles)
Applicant's Name			
Please complete this information for the p	parent(s) with who	n you are living:	
Mother's Name	Eagle on	'a Nama	
		's Name Occupation	
		yer	
Employer			
Annual Salary	Annua	l Salary	
Financial Information	NEVV	YORK	
Parent/Guardian Assets	Current Value	Amount Owed	Annual Payment
Cash, savings and checking accounts	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N/A	N/A
Investments (stocks, CDs, money market accounts, etc.)	\$	N/A	N/A
Home (renters: enter monthly rent amount)	\$ L S	ls VAL	\$
Business and/or Farm	\$	N/A	N/A
If parent(s) own a home, in what year v	was it purchased?		
What was the purchase price?	\$	_	
Number of immediate family members	s under age 18:		_
Number of siblings in college:			_
Annual contribution towards education, if any: (college or private school tuition)		\$	_
Financial Aid received?		\$	_
hereby affirm that all of the information and Financial Aid Application is true and warded a scholarship or financial aid, and program fees, cost of course materials, private Applicant's Signature	l accurate to the besi d choose to attend, I	t of my knowledge. I u will be responsible for expenses and personal / _ Date	inderstand that if I an paying any additiona needs. /
Parent / Guardian Sionature		/ _ Date	/

Please ensure your email address is complete, correct, and legible. All NYSMF correspondence is sent via email.