

FOOSA 2019
Application for Tuition Assistance
Application must be received by date indicated in email.
All information will be held in strictest confidence.
No application will be considered without verification of financial information.

For Office Use Only:
Amount Awarded: _____
Date: _____
Comments: _____

Applicant's Name:		Applicant's Age:	Date of Application:
Instrument:		Singers, indicate voice type:	
Permanent Address:			
Best phone number at which to reach responsible party (parent/guardian for those under 18):		Responsible Party Email (parent/guardian for those under 18):	
APPLICANTS CLAIMED AS DEPENDENTS MUST COMPLETE THE FAMILY INFORMATION; ALL APPLICANTS, INCLUDING THOSE PAYING THEIR OWN INCOME TAXES, MUST COMPLETE 2018 AND 2019 INCOME INFORMATION BELOW			
Family address:			
Name(s) of Parent(s) or Guardian(s):		Number of persons living in household applying for financial assistance:	
Father's Occupation:	<input type="checkbox"/> Check if custodial parent	Father's Phone:	
Mother's Occupation:	<input type="checkbox"/> Check if custodial parent	Mother's Phone:	
Family information (select all that apply) <input type="checkbox"/> Parents Married <input type="checkbox"/> Parents Divorced* <input type="checkbox"/> Parents Separated* <input type="checkbox"/> Single-parent household <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased <small>*Separate financial information MUST be provided from both custodial and non-custodial parents.</small>	2018 Adjusted Gross Income \$	2019 Estimated Adjusted Gross Income \$	

Statement of Need: A brief Statement of Need is required from all applicants. If you have submitted 2017 tax returns please describe how your family's financial circumstances may have changed since 2017. Please provide additional information that may be helpful in our evaluation. Please discuss in detail any hardship circumstances that should be known such as medical problems, siblings in college, eldercare and extenuating circumstances concerning parent's/guardian's employment. You may use the back of this page or submit a separate sheet.

Acknowledgement [parents/guardians signing for dependents please fill in your name and dependent's name]

I, _____, [the (mother / father / legal guardian) of _____], a student of the FOOSA FESTIVAL/FRESNO SUMMER ORCHESTRA ACADEMY, hereby acknowledge and affirm that all of the information and documentation submitted as a part of this application is true and factual to the best of my knowledge, and understand that if discrepancies are found after most recent tax returns are submitted, this request and any tuition award previously offered may be adjusted or revoked by FOOSA. If necessary, I give permission to FOOSA to verify my employment, assets, and financial responsibility.

I understand that I am responsible for any tuition balance that remains after tuition assistance amount has been applied.

Signature [or Parent/Guardian signature]: _____ Date Signed: _____

NOTE: MAXIMUM ASSISTANCE AMOUNT WILL BE ONE HALF OF TUITION FOR RELEVANT PROGRAM FOOSA Philharmonic or FOOSA Half-Day). APPLICANT IS RESPONSIBLE FOR REMAINING COSTS. PLEASE CONTACT US EARLY IF YOU THINK YOU WILL NEED ADDITIONAL HELP OF ANY KIND.

All Tuition Assistance Requests must include:

- ☐ Completed application with Statement of Need (please attach)
- ☐ Copy of own or (if dependent) parents'/guardians' 2018 Federal Tax Form 1040
- OR
- ☐ Copy of own or (if dependent) parents'/guardians' 2017 return with a description in your Statement of Need of how your financial circumstances may have changed since 2017.
- ☐ Copy of own or (if dependent) parent/guardian's most recent pay stub
- ☐ Half-Day applicants may elect to show proof of Medi-Cal coverage

Submit completed application and all required forms to:
FOOSA, Youth Orchestras of Fresno, 1586 West Shaw, Fresno, CA 93711 or email scans to office@youthorchestrasfresno.org