

2018-2019 FINANCIAL AID APPLICATION FORM



Financial Aid is available for musicians whose families demonstrate qualified need. Any award made is only applicable to Tuition. Families are responsible for completing Volunteer Credits per the 2018-2019 Musician Agreement, regardless of financial aid award status. If submitting this form, please do not make payment at this time. Only ONE form is necessary per family.

INCOMPLETE APPLICATIONS ARE NOT CONSIDERED.

All financial and personal information is held in strict confidence.

FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, please be advised of the following:

- This form **must** be accompanied with a copy of the first page of each supporter's most recently filed IRS Income Tax Return (1040 or 1040A).
- Please use a **dark permanent marker to conceal any Social Security Numbers** listed on all included forms.
- Musician for whom assistance is sought **MUST** be listed as a "Dependent" on line 6c of the included 1040 or 1040A OR accompanying narrative as to why Musician is **not** listed must be included.
- These materials **MUST** be sent, via US Mail, to Youth Symphony of Kansas City, ATTN: Financial Aid, 209 W 18th St, Kansas City, MO 64108.

APPLICATIONS MUST BE RECEIVED NO LATER THAN JUNE 30, 2018.

MUSICIAN NAME(S):	ORCHESTRA(S):
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PLEASE PROVIDE ANSWERS TO THE FOLLOWING:	Actual Last Completed Tax Year	Estimated Current Tax Year								
1. What is your total adjusted gross income? <i>(Form 1040: line 37, or Form 1040A: line 21)</i> Include combined TOTAL of adjusted gross income for ALL supporters.	\$	\$								
2. Non-taxable income and/or benefits (listed below) received by your family: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Social Security Benefits</td> <td style="width: 50%;">Unemployment Compensation</td> </tr> <tr> <td>Family Gifts or Support</td> <td>Interest on Tax-Free Bonds</td> </tr> <tr> <td>Child Support</td> <td>Untaxed Portions of Pensions</td> </tr> <tr> <td>Welfare</td> <td>Housing Allowance</td> </tr> </table>	Social Security Benefits	Unemployment Compensation	Family Gifts or Support	Interest on Tax-Free Bonds	Child Support	Untaxed Portions of Pensions	Welfare	Housing Allowance	\$	\$
Social Security Benefits	Unemployment Compensation									
Family Gifts or Support	Interest on Tax-Free Bonds									
Child Support	Untaxed Portions of Pensions									
Welfare	Housing Allowance									
3. TOTAL INCOME <i>(add lines 1 and 2)</i>	\$	\$								

4. Other: Please list extenuating circumstances and subsequent <u>monthly</u> financial implications that qualify your need for financial aid. <i>(please attach additional documentation if applicable)</i>	
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4a.	
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4b.	
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5. Household Size: Please indicate the <u>total</u> number of persons living within your household who are dependent on this income:	HOUSEHOLD SIZE
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6. Unemployment: Enter the number of <u>months</u> the primary and/or secondary wage earner was unemployed during the Actual Last Completed Tax Year and the approximately monthly impact:	PRIMARY	SECONDARY
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7. The signature(s) below affirm that the information contained within this form and its attachments are accurate, true and complete to the best of my knowledge.

Supporter 1 Signature: _____ Printed Name: _____ Date: _____
 Relationship to Musician: _____ Phone: _____

Supporter 2 Signature: _____ Printed Name: _____ Date: _____
 Relationship to Musician: _____ Phone: _____

MAIL TO THE YOUTH SYMPHONY OFFICE BY JUNE 30, 2018.

YOUTH SYMPHONY OF KANSAS CITY, ATTN: FINANCIAL AID, 209 W 18TH ST, KANSAS CITY, MO 64108