



Rappahannock Youth Symphony Financial Aid Application

For office use only:

Date received: _____

Award amt: _____

Notes: _____

The Rappahannock Youth Symphony is open to all students regardless of ability to pay. Please complete the following form to the best of your ability. If you need assistance with the form, please contact our Treasurer at tr.rysymphony@gmail.com.

All information is held in the strictest confidence.

PART 1 – Student Information

Student Name(s) _____

Address _____ City, State _____ Zip _____

Orchestra _____ Instrument _____

Email _____

Was this student a member of RYS last year? YES NO If so, what group _____

Does this student study privately? YES NO
If yes, cost and frequency of lessons _____

PART 2 – Household Information

Because assistance is based on financial need, we require additional strictly confidential financial information.

Father/1st Guardian: _____ Phone _____

Address: _____

Occupation: _____ Employer: _____

Mother/2nd Guardian: _____ Phone: _____

Address: _____

Occupation: _____ Employer: _____

Names and age of children (under age 18) in the household:

Total number of people in household: _____

Total monthly income from all sources (after deductions): \$ _____

Total monthly expenses (mortgage/rent, utilities, property taxes, home insurance, food, auto loans, gas, health insurance, medical expenses, child support, etc.): \$ _____

Public Assistance currently received:

____ Free and reduced price meals ____ Food Stamps ____ Low-income housing
____ VA children's health insurance program ____ Other

Please use the space below to provide additional information that you believe is important for the board to consider before reaching its decision. Be specific. Additional pages may be used.

I certify that this information is current and complete.

Signature: _____ Date: _____

Printed Name: _____