



Executive and Artistic Director
Helen Clapp Stevenson

www.powersmusic.org

Mailing Address
P. O. Box 398
Belmont, MA 02478

Administrative Offices
396 Concord Avenue
(617) 484-4696
Fax (617) 489-7353

Belmont Campus
380 Concord Avenue
396 Concord Avenue
404 Concord Avenue
17 Clark Street
Belmont, MA 02478

2015-2016 Board of Directors

President
Ernest Sabine

Vice-President
Laura Vail Wooster

Treasurer
Jacqueline Whitney Halas

Secretary
Deborah Coyle Barry

Members
Betsy Cabot
Sarah Freiberg Ellison
Elizabeth Foote
Susan Galli
Robert Halstead
Wenjie Hu
Shan-Lee Liu
Laura Meyer
Julie Holland Mortimer
Bruce Rosenblum
Vera Trojan
Christopher Wright

**POWERS MUSIC SCHOOL
FINANCIAL AID APPLICATION
for new Powers Music School students for the
Fiscal Year 2017 School Year (September 2016 – June 2017)**

APPLICATION DEADLINE: Rolling

Applicants for financial aid are required to complete this form in total and provide the requested attachments. Financial Aid is awarded based on need and merit, and the likelihood of the student benefiting from instruction. Continuation of Financial Aid is also dependent upon a students' participation in lessons/performances, motivation, and interest as exhibited in their lessons. A separate financial aid application must be completed for each student in the family who is seeking aid (families need only submit one set of required attachments).

- Applicants must include their Year 2015 Federal 1040 Form.

STUDENT INFORMATION

Name of Student _____

Age _____ Instrument _____ Years of Study _____

Home Address _____

Best Contact Phone Number _____ Home Cell Work

Family Email _____

(If applicable complete the following information on student's musical study)

Current Music Instructor _____

Address of Current Music Teacher _____

Phone Number of Music Teacher _____

Email of Current Music Teacher _____

Years Studying the instrument _____

PARENT/GUARDIAN/ADULT STUDENT INFORMATION

Parent/Guardian #1 or Adult Student Name _____

Home Address (if different than student's) _____

Phone Number _____ Home Cell Work

Phone Number _____ Home Cell Work

Occupation _____ Employer's Name _____

Parent/Guardian #2 or Adult Student Name _____

Home Address (if different than student's) _____

Phone Number _____ Home Cell Work

Phone Number _____ Home Cell Work

Occupation _____ Employer's Name _____

FINANCIAL INFORMATION:

ACTUAL FOR YEAR 2015 (Form 1040):

Estimated Annual wage/salary income before taxes:

Father \$ _____ Mother \$ _____ Student \$ _____

ACTUAL TO DATE YEAR 2016 (January 2016 – May 2016)

Estimated wage/salary income before taxes:

Father \$ _____ Mother \$ _____ Student \$ _____

ESTIMATE FOR YEAR END 2016 (January 2016 – December 2016):

Estimated Annual wage/salary income before taxes:

Father \$ _____ Mother \$ _____ Student \$ _____

Do you anticipate your income to change in 2016 (either higher or lower)? Yes No If yes, please explain.

Child Support received (if applicable) _____

Other Income (includes investment income, disability benefits, support from other family members, etc.)

Estimated Cash Assets (e.g. mutual funds, cash, stocks) \$ _____

Number of people supported with this income _____

FINANCIAL AID

Lesson or Program for which Applicant is Applying: _____

Semester Tuition Cost \$ _____ Amount Applicant can pay \$ _____

ATTACHMENTS

- Federal Form 1040, plus all schedules that were filed for 2015.
- Copies of the last two months’ pay statements for parent(s)/guardian(s).
- Applicants who are not required to complete a federal Form 1040 should submit a statement documenting the family’s total gross income for 2015 and income to date for 2016.
- Please attach a letter (no more than one page), describing any unusual expenses or circumstances that might help the Financial Aid Committee.
- Private Lesson Students: Teacher Recommendation Form (we will send separately to teacher)
- Completed Registration Form and payment for the Annual Registration Fee (per student). Registration forms can be found on the Powers website at: www.powersmusic.org/registration.

AGREEMENT

I declare that I have completed this form and, to the best of my knowledge, I believe it and its attachments to be true, correct and complete.

Signature of Parent/Guardian/Adult Student

Date

Powers Music School does not discriminate on the basis of age, race, color, nationality, sex, ethnic origin, religious belief, gender or sexual orientation in its employment practices or in the administration of its educational policies.

NOTE: Submit the completed application and all attachments to:

**Financial Aid Committee
Powers Music School
P.O. Box 398
Belmont, MA 02478**

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED:

IS APPLICATION COMPLETE?

NOTES:

AWARD:

NOTIFICATION SENT: