

# 27 Church Street Stonington | CT 06378 www.calvarymusicschool.org

### FINANCIAL ASSISTANCE APPLICATION

Calvary Music School offers financial assistance to ensure that no one is turned away due to financial limitations. Funding is made possible through donations given to our Scholarship Fund. Anyone wishing to contribute to the CMS Scholarship Fund should contact our Administrator or can donate online.

#### **INSTRUCTIONS:**

- 1. The participant or parent/guardian must complete the attached financial assistance application. Any income listed under the Monthly Income section must have supporting documentation. Applicants must provide their most recent year 1040 tax return, as well as one of the supporting documents are listed below:
  - most recent W-2 statement
  - Copy of benefits Determination letters (for Cash Aid, SNAP, Free Lunch, SSI, SSDI, etc.)
  - Child support payment statements
  - Unemployment payment statements
  - Current, consecutive, pay-stubs from the last month.

Attach all necessary supporting documents. Calvary Music School will not process an incomplete application. Additional documents may be requested. Scholarship amounts are based on all household income. If anyone in the household is working or receives income in any form, documentation for that income is required.

- 2. Please sign and return to Calvary Music School addressed to the CMS Administrator
- 3. Applications must be submitted 30 days prior to the start of any session.
- 4. Students need to re-apply annually for CMS Scholarship with the most recent financial information
- 5. The scholarship will automatically terminate after one year unless re-applied with updated financial information and approved.

Once all the proper information has been received with a signed application, Calvary Music School will process the financial assistance request and notify the applicant by mail in approximately 30 days. Please see the CMS Administrator with any questions.

## CALVARY MUSIC SCHOOL FINANCIAL ASSISTANCE APPLICATION

TODAYS DATE:		☐ NEW	RENEWAL	
APPLICANT'S NAME:			DOB:	
STREET ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		CELL PHONE:		
E-MAIL:				
EMPLOYER:				
OCCUPATION:				
LENGTH OF EMPLOYMENT:				
LESSON INTERESTED IN: 30	MINUTE	60 MINUTE		
PIANO		GUIT	AR	
ORGAN		UKUL	ELE	
HARPSICHORD		PERC	CUSSION	
VIOLIN		VOIC	E	
☐ VIOLA		MUS	CIANSHIP	
PLEASE LIST ALL ADDITIONAL PEOPLE LIVING IN YOUR HOUSEHOLD:				
NAME	AGE	RELATIONSHIP	EMPLOYER/SCHOOL	

### CALVARY MUSIC SCHOOL FINANCIAL ASSISTANCE APPLICATION

#### MONTHLY INCOME: TOTAL AMOUNT OF MONTHLY INCOME BEFORE DEDUCTIONS.

GROSS WAGES, SALARY AND TIPS		\$
UNEMPLOYMENT COMPENSATION		\$
SOCIAL SECURITY		\$
CHILD SUPPORT INCOME		\$
PUBLIC ASSISTANCE DOCUMENTATION		\$
RETIREMENT INCOME (PENSIONS, ETC)		\$
LES, NON-TAXABLE INCOME (FOR MILITARY FAMILIES)		\$
OTHER PAY (BONUS, CONSULTING, ETC.)		\$
	TOTAL	\$

IS THERE ANY OTHER INFORMATION YOU WOULD I	LIKE TO PROVIDE ABOUT YOUR SITUATION?
I hereby certify that I have completed all the information tify that all information supplied is true, accurate, and t I further understand that this application does not consand that I will be notified as to whether my application denied.	hat there is no misrepresentation or omission. stitute acceptance by Calvary Music School,
(SIGNATURE OF APPLICANT)	DATE