2016-2017 FINANCIAL ASSISTANCE REQUEST FORM

COMMUNITY MUSIC SCHOOL

Office: 415 Elmwood Avenue, Buffalo, NY 14222 Phone: 884-4887 Fax: 884-7529

Website: www.communitymusicbuffalo.org Email: info@cms-buffalo.org

TO BE CONSIDERED FOR FINANCIAL AID, YOU MUST COMPLETE BOTH SIDES OF THIS FORM, SIGN THE FORM AND ATTACH PROOF OF ALL INCOME. PROOF OF INCOME INCLUDES COPIES OF YEAR 2015 FEDERAL INCOME TAX FORMS, CURRENT SOCIAL SERVICES BUDGET SHEETS, SOCIAL SECURITY ADMINISTRATION LETTERS, FOOD STAMP LETTERS, COLLEGE FINANCIAL AID LETTERS, ETC.

Phone (work)	(home)	(cell)						
f your home phone is lis	ted under another name, v	what is that name?						
Vhat is vour relationshi	p to that person?							
iaritai Status	Number in Family Relying on Income							
		Family Income Sources						
	Please include all taxable a	and non-taxable sources of	income.					
	Name of Family	Annual Gross Amount	Please Indicate the					
	Member Receiving Income		Type of Required Proof Being Supplied (tax return, budget sheets, SSA letters, etc.)					
Employment Wages		\$						
Imployment Wages		\$						
ublic Assistance		\$						
ublic Assistance		\$						
upplemental								
ecurity Income		\$						
upplemental								
ecurity Income		\$						
ood Stamps		\$						
limony		\$						
Child Support		\$						
ocial Security		\$						
ocial Security		\$						
ocial Security		\$						
ension		\$						
nvestments		\$						
College Financial		\$						
		\$						
Jnemployment (1)		\$						
Other	T-4-1	\$						
	Total	Ф						

PLEASE TURN OVER AND COMPLETE OTHER SIDE

Given the limited resources that Community Music School has available for tuition assistance and the desire to assist as many students as possible, we encourage you to consider these factors in making requests. AID IS GENERALLY AVAILABLE TO CHILDREN IN FAMILIES WITH INCOME BELOW \$40,000. The number of dependents in the family is also considered. Assistance for adults is extremely limited and available on a first come, first served basis. If your income is greater than this figure and you still wish to be considered for aid, please explain any special circumstances that support your request for assistance*.												
Some scholarships provided by loc your eligibility for these scholarsh Where was the student box												
Where was the student born? County of Has the student ever lived in the City of Buffalo?				Yes	\square No	If ye	If yes, how many years					
I affirm that the above information is correct and that I will notify the School of any change. Signature of Student (or Parent/Guardian if student is under 18) Date Applicant, please complete the shaded part of the table below: (Use one line for each lesson/class for which you are seeking aid) For office use only P: Private C: Class												
Student's Name (Use 1 line for each student)	Date of	Lesson/Class Desired	P/C	Full Fee	CMS Sliding Fee	g Scale	Last Year's	Approved Fee	Fund Source			
(Use 1 line for each student)	Birth	Desireu			% %	\$	Fee	ree	\$			
*If you require financial assistance	to study	and you are not a						efunded.				
Chief Operating Officer's Signature Date												