

2017-2018 Financial Aid Application Form

Financial Aid is available for musicians whose families demonstrate qualified need. Families are responsible for completing the Fundraising Expectations as they are outlined in the 2017-18 Handbook and musicians may be asked to act as Manager’s Assistants. If submitting this form, please do not make a tuition payment at this time.

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 2 pages 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.
- These materials MUST be sent, via US Mail, to ESYO at Proctors, 432 State St., Schenectady, NY 12305.

Applications must be received no later than Friday, July 28, 2017.

Musician’s Name _____	ESYO Ensemble(s) _____	
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: Social Security 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 any extenuating circumstances and subsequent financial implications that show your need for financial aid. 		
5. Household size: Please indicate the total number of persons living within your household who are dependant on this income:	HOUSEHOLD SIZE _____	
6. Unemployment: Enter the number of months the primary and/or secondary wage earner was unemployed during the actual last completed tax year and the approximate monthly impact:	PRIMARY _____	SECONDARY _____
7. <i>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.</i>		
Signature _____	Printed Name _____	
Date _____	Relationship to Musician _____	Phone _____
Signature _____	Printed Name _____	
Date _____	Relationship to Musician _____	Phone _____

MAIL TO THE ESYO OFFICE BY FRIDAY, JULY 28, 2017
ESYO At Proctors, 432 State Street, Schenectady, NY 12305