

# Financial Aid Application Fall '24 / Spring '25 / Summer '25

## I. STUDENT INFORMATION

Student Name	Age					
InstrumentYea	rs Played					
FWYO Program(s):						
<ul> <li>The Youth Orchestra</li> <li>Philharmonic Orchestra</li> <li>Wind Ensemble</li> <li>Jr. String Orchestra</li> <li>String Orchestra</li> <li>Chamber</li> <li>FWYO Jazz</li> </ul>	FWYO Suzuki Lessons 60 min + Group 45 min + Group 30 min + Group 60 min only 45 min only					
Primary Address						
City	StateZip					
Primary PhoneEm	ail					
School/District attending during the 24/25	5 school year:					
Current GPA or average letter grades:						
expulsion?	action from school that resulted in suspension or ❑No					
If yes, please explain:						
Is this student participating in their school music program?						
□Yes	□No □Not offered					
If yes, for how many years? If no,	please explain:					
Is this student currently taking private	e lessons? □Yes □No					
If yes, for how many years? If no,	please explain:					

Has this student been selected for an A	II-Region, Area, or All-State ensemble?
□Yes □	Yes - but on other instrument/choir $\Box$ No
If yes, please list ensemble, state, y	years, and instrument(s) below:
Please list other auditioned experiences	s & accolades this student has been selected for:
II. PARENT/	GUARDIAN INFORMATION
Parent/Guardian Marital Status:	
	I □ Widowed □ Single □ Prefer not to say
□ Other, please describe	
Paront/Guar	dian No. 1 Information
City	StateZip
Primary Phone	Email
Highest level of education completed	
	No. 2 Information (Optional)
•	State Zin
	StateZip
	_Email
righest level of education completed	

## III. FINANCIAL INFORMATION

#### III-a. Monthly Income

Please list the monthly income of all household individuals:

Name	Occupation	Years Employed	Gross Monthly Income
Income from child support, alimony, other support from family:			
Income from stocks, bonds, securities, trusts, capital gains, and/or real estate:			
Income from annuities or pensions:			
Other income	(specify)	:	

## III-b. Monthly Expenses

Living expense (food, clothing, personal care, transportation, e
Housing expense (mortgage, rent, property tax, insurance, e
Auto payme
Utilities (electric, gas, water, internet, phone, e
Insurance payments (health, auto, life, e
Savings/funds (retirement, college, rainy day, e
Other expenses (charities, tuitions, etc – please spec
TOTAL MONTHLY EXPENS
e (mortgage, rent, property tax, insurance, e Auto payme lities (electric, gas, water, internet, phone, e Insurance payments (health, auto, life, e vings/funds (retirement, college, rainy day, e enses (charities, tuitions, etc – please spec

How many dependents (children and/or adults) reside in the household?\_\_\_\_\_

Do you own real estate?
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Please describe any additional household circumstances that support this request:

Has your family received FWYO financial aid in the past?  $\Box$  Yes  $\Box$  No

Please select the amount you are able to pay for the 2024-2025 season (circle one in each category, if applicable). Please note, payment plans are available for any balance:

FWYO Groups	Full Price	25% Off	50% Off	75% Off	Full Ride
The Youth Orchestra - you pay for year:	\$750	\$562.50	\$375	\$187.50	\$0
Philharmonic Orchestra - you pay for year:	\$640	\$480	\$320	\$160	\$0
Wind Ensemble - you pay for year:	\$610	\$457.50	\$305	\$152.50	\$0
String & Jr. String Orch you pay for year:	\$540	\$405	\$270	\$135	\$0
FWYO Jazz - you pay for year:	\$500	\$375	\$250	\$125	\$0
Chamber - you pay for year:	\$460	\$345	\$230	\$115	\$0
FWYO Suzuki	Full Price	25% Off	50% Off	75% Off	Full Ride
60-minute lessons + group - you pay for year:	\$2700	\$2025	\$1350	\$675	\$0
45-minute lessons + group - you pay for year:	\$2250	\$1687.50	\$1125	\$562.50	\$0
30-minute lessons + group - you pay for year:	\$1670	\$1252.50	\$835	\$417.50	\$0
60-minute lessons only - you pay for year:	\$2500	\$1875	\$1250	\$625	\$0
45-minute lessons only - you pay for year:	\$1990	\$1492.50	\$995	\$497.50	\$0

Amounts do not include the \$40 application/registration fee that is generally not included in financial aid packages.

# IV. STATEMENT OF NEED

By signing below, we certify that the information contained in this application is true and complete to the best of our knowledge and belief.

By submitting this form, we are identifying ourselves as in need of limited financial assistance and, without financial aid, we would be unable to afford to participate in FWYO programs and/or participation would stretch our resources and affect our ability to continue offering a full and complete musical education to all our children.

OPTIONAL: You may attach a letter to explain your need.

Signature of Parent/Guardian

Date

# ATTACH THE FIRST TWO PAGES OF YOUR 2023 TAX RETURN

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Other Notes (you may attach a letter to explain your need as well):