

Crowden Center for Music in the Community
2009-2010 FINANCIAL AID APPLICATION

I. Identifying Information:

Student's Name _____

Home Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Responsible Billing Party: _____

Billing Address (if different): _____

Student's Date of Birth: _____ Grade: _____ School: _____

Parent Name: _____

Home Address: _____ Zip: _____

Occupation: _____ Employer: _____

Business Address: _____ Work Phone: _____

Second Parent Name: _____

Home Address: _____ Zip: _____

Occupation: _____ Employer: _____

Business Address: _____ Work Phone: _____

Parent(s)/Guardian(s) is/are: Married Divorced Single Widowed

For Adult students:

Occupation: _____ Employer: _____

Business Address: _____ Work Phone: _____

II. Annual Income: *(Please list all sources)*

Income(s): Name: _____ Annual Amt: _____

Name: _____ Annual Amt: _____

Rental Income: _____ Alimony: _____ Child Support: _____

III. Expenses: Own Rent Monthly rent/mortgage _____

Monthly Loan Payments: Car: _____ Education: _____

Other (please specify): _____

(Type) _____ (Amount) _____

Number supported by above income: Children: _____ Adults: _____ # in school: _____

IV. Other:

Are you eligible for food stamps? _____ Does your child receive free meals at school? _____

Amount or % you feel you can pay for lessons/classes: _____ per week/month/year

Note: Please provide additional information you feel would be helpful in assessing your needs and include a copy of the most recent Federal Tax form, AFDC, SSI or current unemployment information. We accept financial aid applications throughout the year. Scholarships are awarded based on merit, financial aid, and/or student's commitment. Full scholarships are not available.

I hereby state that all of the above information is true:

Signature: _____ **Date:** _____

Mail or deliver to: Crowden Center for Music in the Community, 1475 Rose Street, Berkeley, CA 94702
Questions? Call 510.559.2941