



# NORWALK YOUTH SYMPHONY

## FINANCIAL AID GUIDELINES

Our Mission. It is our mission to provide high quality music education and experiences to students and families that is affordable and accessible. We fulfill this mission by providing need based financial aid for NYS orchestra, private lesson and chamber music tuition made available from local contributors and the Memorial and Ramer Funds. Financial assistance is available to all members of the orchestra regardless of age, ability or length of time of membership in the orchestra.

Our Financial Aid. In keeping with our commitment to providing high quality music education, we provide need based financial assistance through the following methods or any combination thereof.

- Tuition grants for NYS orchestral tuition
- Private music lesson grants
- Ticket waiver (for minimum family ticket purchases)

Students whose families are at or below 250% of the attached federal guidelines may qualify for a full orchestra grant. Moreover, students whose families are above the 250% but at or below 400% of said guidelines may qualify for a partial orchestra grant. Partial or full orchestra grant students may also qualify for private lesson grants during the school year at approved private teaching studios. In addition to the federal guidelines, award of these grants is based on available family assets, monthly expenses, the student's commitment to NYS and his/her instrument as well as the special considerations listed below.

In awarding financial aid, special consideration will be given to unemployed and single parents. Moreover, special family circumstances including financial hardship due to medical need or disability, support of extended family, college tuition burdens and multiple family participants in NYS will also be considered. The student's commitment to NYS and/or his/her music lessons will also be taken into consideration in determination of the awards. To this end, the scholarship committee may consult with either the student's private and/or public school teacher and will require progress reports from teachers before additional payments are made.

Volunteer Service Requirement for Aid Recipients. Financial award recipients must volunteer a minimum of 10 hours at NYS. Such service can be performed during rehearsal snack time, chaperoning concerts, at the boutique or other NYS events.

Financial Aid Application Review Process. Families requiring assistance must complete the NYS Financial Aid Form and return it at the first rehearsal or by September 8, 2019 to the NYS office, 71 East Avenue, Unit N, Norwalk, CT 06851. Such information will be reviewed by the financial aid committee made up of the NYS Chairman, Treasurer and Executive Director. Applicants may be required to supply additional information as deemed necessary by the committee. Applications may also be made during the year if family financial circumstances change.

## **2019 Federal Poverty Level Chart**

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the “federal poverty level” (FPL).

<b>Household Size</b>	<b>*100%*</b>	<b>138%</b>	<b>150%</b>	<b>200%</b>	<b>250%</b>	<b>300%</b>	<b>400%</b>
<b>1</b>	\$12,490	17,236	18,735	24,980	31,225	37,470	49,960
<b>2</b>	\$16,910	23,336	25,365	33,820	42,275	50,730	67,640
<b>3</b>	\$21,330	29,435	31,995	42,660	53,325	63,990	85,320
<b>4</b>	\$25,750	35,535	38,625	51,500	64,375	77,250	103,000
<b>5</b>	\$30,170	41,635	45,255	60,340	75,425	90,510	120,680
<b>6</b>	\$34,590	47,734	51,885	69,180	86,475	103,770	138,360
<b>7</b>	\$39,010	53,834	58,515	78,020	97,525	117,030	156,040
<b>8</b>	\$43,430	59,933	65,145	86,860	108,575	130,290	173,720
<b>9</b>	\$47,850	66,033	71,775	95,700	119,625	143,550	191,400
<b>10</b>	\$52,270	72,133	78,405	104,540	130,675	156,810	209,080



# NORWALK YOUTH SYMPHONY

## 2019-20 FINANCIAL AID APPLICATION

Fill out this form COMPLETELY to be considered for a Financial Aid Award.

### STUDENT INFORMATION

FIRST NAME	LAST NAME
ADDRESS	CITY STATE ZIP
HOME or CELL PHONE	EMAIL (list one used most often)
PRIVATE TEACHER NAME	PHONE/EMAIL
PARENT or GUARDIAN FULL NAME	PARENT or GUARDIAN FULL NAME

**PLEASE LIST ALL DEPENDENTS and AGES** (circle those in college): \_\_\_\_\_

☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated ☐ Domestic Partnership MARITAL STATUS of Parent(s)/Guardian(s) (please circle)

\*\*If parents/guardians maintain separate households, each party must submit his/her own application.

### INCOME AND EXPENSES INFORMATION

	Parent/Guardian	Parent/Guardian
Occupation/Title		
Name of Employer		
Employer Phone No.		
Annual Salary, Wages, Tips, Bonuses etc.	\$	\$
All Other Income (Annual)		
Spousal or Child Support	\$	\$
Pensions, Retirement, Social Security	\$	\$
Workman's Comp, Unemployment, SSI	\$	\$
Value of Savings	\$	\$
Value of All Investments	\$	\$
Market Value of Real Estate	\$	\$
Monthly Expenses	\$	\$
Mortgage/Rent	\$	\$
Utilities (oil/gas/electric/water/cable)	\$	\$
Auto Payment & Fuel	\$	\$
Household Expenses	\$	\$
Insurance	\$	\$
Other (please specify)	\$	\$

## NYS 2019-20 FULL-YEAR TUITION and FEES INFORMATION (indicate assigned orchestra, if known)

<input type="checkbox"/> Junior Strings	\$500	
<input type="checkbox"/> Prelude Orchestra	\$850	Amount you will be able to contribute**: \$ _____
<input type="checkbox"/> Philharmonia Strings/Winds	\$850	
<input type="checkbox"/> Concert Orchestra	\$900	Amount you are requesting from
<input type="checkbox"/> Principal Orch. (includes Carnegie Hall fee)	\$950	Financial Aid Committee**: \$ _____

**\*\* Required**

**If you wish to be considered for private lesson assistance, please complete the following:**

Private teacher's name \_\_\_\_\_

Teacher's address \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

Private lessons: How often \_\_\_\_\_ Length \_\_\_\_\_ Cost for 1 lesson \_\_\_\_\_

## STATEMENT OF FINANCIAL NEED

Funds for financial aid are limited. Therefore, it is important that parents explain financial needs in detail. Please provide a complete copy of your 2018 tax return. **Please also describe extraordinary family expenses or other financial considerations the committee should be aware of in determining your award.** (Use the reverse side or attach page).

**I/we understand that the information on this application for Financial Aid is true to the best of my/our knowledge.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Completed applications are due to Sara Watkins at the first rehearsal or in the NYS office by **9-12-2019**.

**A financial aid award requires that the family provide a minimum of 10 hours of adult volunteer service to NYS**