

InterSchool Orchestras of New York

2017/2018 FINANCIAL AID APPLICATION FORM

Financial Aid up to 100% of fees is available for musicians whose families demonstrate qualified need.

Only complete applications are considered. All financial and personal information is kept strictly confidential.

MUSICIAN NAME(S):	ORCHESTRA(S):
ADDRESS:	Assistance Requested: \$

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 of this musician.	\$	\$
2. Non-taxable income and/or benefits (listed below) received by your family: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Social Security Benefits Family Gifts or Support Child Support Welfare </div> <div style="width: 45%;"> Unemployment Compensation Interest on Tax-Free Bonds Untaxed Portions of Pensions Housing Allowance </div> </div>	\$	\$
3. TOTAL INCOME <i>(add lines 1 and 2)</i>	\$	\$
4. Other: Please list any special circumstances and the resulting <u>monthly</u> financial implications that affect your need for financial aid. <i>(please attach additional documentation if applicable)</i>		
4a.		\$
4b.		\$
5. Household Size: Please indicate the <u>total</u> number of people living in your household who are dependent on this income:		HOUSEHOLD SIZE
6. Unemployment: Enter the number of <u>months</u> the primary and/or secondary wage earner was unemployed during 2016 and the approximately monthly loss of income: (months/\$amount)	/\$ PRIMARY	/\$ SECONDARY
7. In order to be considered complete, applications <u>must</u> include a copy of the first page of the most recent IRS Income Tax Return (1040 or 1040A) for <u>each supporter</u> . <input type="checkbox"/> <i>I certify that I have attached these document(s).</i>		
<i>8. 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>		
Supporter 1 Signature: _____ Printed Name: _____ Date: _____		
Relationship to Musician: _____ Phone: _____		
Supporter 2 Signature: _____ Printed Name: _____ Date: _____		
Relationship to Musician: _____ Phone: _____		

MAIL OR FAX TO THE ISO OFFICE: 121 West 27th St. #902, NYC 10001 FAX (212) 416-1606

ATTN: Audra Fuhr

Questions? Email info@isorch.org or Call (212) 410-0370