

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? (Form 1040: line 37, or Form 1040A: line 21) 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: Social Security Benefits Unemployment Compensation Family Gifts or Support Interest on Tax-Free Bonds Child Support Untaxed Portions of Pensions Welfare Housing Allowance	\$	\$
3. TOTAL INCOME (add lines 1 and 2)	\$	\$
4. Other: Please list any special circumstances and the resulting <u>monthly</u> financial implications that affect your need for financial aid. (please attach additional documentation if applicable)		
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 certify that I have attached these document(s).		
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.		
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 Purita

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

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STUDENT PROFILE

To be completed with the financial aid form. Students may complete it on their own, or with the help of a parent. This information helps ISO understand our students better, raise funds for additional financial aid and scholarships, and recruit new students. You may also type this information and email it to Audra Fuhr Purita at afuhr@isorch.org.

Student Name	Instrument(s)
Private Teacher	How Long Playing Instrument

Please write a short paragraph. What are your hobbies? What fun or interesting things are you doing in school? What would you like to do for your career? If you are a returning student, what do you like about ISO?