

**InterSchool Orchestras of New York**  
**2020/21 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.**

<b>MUSICIAN NAME(S):</b>	<b>ORCHESTRA(S):</b>
<b>EMAIL ADDRESS:</b>	
<b>ADDRESS:</b>	<b>Assistance Requested: \$</b>

<b>PLEASE PROVIDE ANSWERS TO THE FOLLOWING:</b>	<b>Actual Last Completed Tax Year</b>	<b>Estimated Current Tax Year</b>
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 2019 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"/> <b>I certify that I have attached these document(s).</b>		
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 TO THE ISO OFFICE: 121 West 27th St. #902, NYC 10001**

ATTN: Karen Geer

Questions? Email: [kgeer@isorch.org](mailto:kgeer@isorch.org) or Call (212) 410-0370