

InterSchool Orchestras of New York

2019/2020 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 2015 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: Matt Hart

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