

# COMMUNITY MUSIC S C H O O L

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## **APPLICATION FORM FOR FINANCIAL ASSISTANCE**

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### **General Information**

*(Please read carefully before completing application.)*

#### **ELIGIBILITY**

Financial assistance for regular academic year study is available to CMS students up through graduating high school seniors for lessons, classes and ensembles. Preference is given to those students enrolled in a certificate program. Financial aid decisions are made according to the following:

- Financial need as determined by family size, income, extenuating circumstances and the basic parameters for the US Department of Housing and Urban Development Income Limits
- Number of applicants in household
- Availability of funds
- Student progress, attendance and achievement (for returning students)
- Current account standing with CMS

#### **APPLICATIONS**

Applications are accepted on a continuing basis throughout the year. Awards will be given so long as funds are available.

#### **A Complete Application Consists Of:**

1. Completed Confidential Financial Assistance Application
2. Supplemental Financial Information
3. Registration Form (new students)
4. For returning CMS students, a copy of most recent student progress report

*You have the option to include a supplemental statement to accompany your application to clarify any of the above, however items 1 & 2 are required. **Applications will not be considered until all parts are received.***

#### **SCHOLARSHIP RENEWALS**

**Awards are not automatically renewed from one year to the next.** Current recipients of scholarships are required to submit a new application packet.

#### **CONDITIONS OF AWARD**

Scholarship awards are normally for partial-tuition. Continuation of the award through the academic year in which it is given is contingent upon the following:

- Regular attendance of lessons. More than two excused absences may result in the termination of assistance.
- Reasonable progress from lessons that indicates consistent practice at home.
- Performance in two student recitals/concerts during the academic year.
- Participation in the annual Performathon – Because this event is the primary source of support for our financial assistance fund, we expect all recipients of assistance to participate to the fullest extent possible.
- End of year performance evaluation
- Financial aid students are welcome to enroll in a Music Theory course at no charge.

Recipients of scholarships are obliged to inform the office of any changes which might seriously affect eligibility for continuation of financial assistance.



**Application Form for Financial Assistance**

Please detach and return to the CMS Office

<b>FOR OFFICE USE ONLY</b>
Date application received _____
Registration form received _____
Amount of Award _____
Source _____
Date of Award _____

**APPLICANT INFORMATION**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument(s) for which you are applying \_\_\_\_\_ Years of study \_\_\_\_\_

Community Music School Teacher \_\_\_\_\_

Is this an application for a renewal of a previous scholarship? YES NO (please circle)

Are you currently enrolled in Community Music School? YES NO (please circle)

NOTE: If you are not currently enrolled for study at Community Music School, please remember that this form must be accompanied by an Application/Registration Form.

**PARENT/GUARDIAN INFORMATION**

*(To be completed by parents/guardians of dependent children)*

Parent/Guardian 1

Parent/Guardian 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Has this person been laid off in the past 12 months?  
YES NO

Has this person been laid off in the past 12 months?  
YES NO

Please indicate if Parent/Guardian 1 and Parent/Guardian 2 are:

Married/Partnered      Divorced/Separated      Single/Not Applicable

Number of people in household \_\_\_\_\_ (include applicant)

Do you have any family members who you support who are not currently with you (i.e., college students or elderly parents)?      YES      NO      Please list their name, relationship and age:

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**FINANCIAL INFORMATION**

**Supplemental Financial Documentation is Required.** Please provide at least one the following forms of documentation:

- A copy of your most recent tax return (schedule C required for all business owners)
- Proof of unemployment (if applicable)
- Proof of social security (if applicable)

For did you file an IRS income tax return for the previous year? YES   NO   If no, please provide an explanation as to why:

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As of today, what is your current balance of cash, savings and checking accounts? \_\_\_\_\_

Do you own or rent/lease your primary residence   OWN   RENT/LEASE   Est. Monthly Housing Expense \_\_\_\_\_

Do you own other real estate?   YES   NO   If yes, please provide details:

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Do you own a business?      YES      NO

Please list and describe any additional monthly expenses that you would like us to take into consideration in review of your application:

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*(To be signed by parent/guardian of dependent child)*

I certify that the answers and information provided on this form are accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You have the option to submit a written statement to adequately reflect your current household situation.**