

No. \_\_\_\_\_

Date Received: \_\_\_\_\_

## HOFF-BARTHELSON MUSIC SCHOOL APPLICATION FOR FINANCIAL AID

It is the basic philosophy of the Hoff-Barthelson Music School (HBMS) that no student who shows commitment to his or her study of music should be deprived of being able to attend HBMS solely because of inability to pay tuition or other charges.

THIS APPLICATION MUST BE RECEIVED BY HBMS BY NOVEMBER 30, 2018 (the "Deadline").

The term "Applicant" shall mean the person or persons requesting Financial Aid hereunder.

**REQUIRED ATTACHMENTS FOR EACH APPLICANT: Attach a copy of his/her Federal Income Tax Return including all schedules and attachments (the "Return") for last year. For individuals who were not required to file a Return last year, attach a report of actual income and a copy of W-2s and other earnings statements for last year. Any attachment to this Application in a language other than English must be accompanied by a translation into English and/or an explanation thereof in English.**

**THIS APPLICATION WILL BE CONSIDERED ONLY WHEN AND IF YOU HAVE SUBMITTED A COMPLETE SIGNED APPLICATION AND ALL REQUIRED SUPPORTING DOCUMENTATION BY THE DEADLINE. INCOMPLETE AND/OR LATE APPLICATIONS WILL NOT BE CONSIDERED.** If you do not understand any question, or if you otherwise need help, call the School Registrar at (914) 723-1169 for assistance. **If a question does not apply to your situation, indicate "N/A" (Not Applicable); do not leave any questions blank.** All information is confidential.

**NOTE: Financial aid is not automatically renewed each year. Financial aid awards are subject to review and withdrawal at any time throughout the year. Continuation of Financial Aid is dependent upon regular attendance at classes, lessons and ensemble rehearsals and coachings. Students must maintain a minimum of 80% attendance for each class/lesson/ensemble to remain eligible. Attendance is reviewed on an ongoing basis and at the end of each semester. Reductions in length of lesson will result in a proportionate decrease in Financial Aid. Increases in length of lesson will not guarantee additional Financial Aid. Generally, Financial Aid will not be awarded if the total anticipated family receipts (including income, gifts and all other receipts) exceed \$150,000/year, provided that exceptions may be made for extraordinary circumstances.**

**LIST ALL FAMILY MEMBERS (INCLUDING ADULTS) TO BE ENROLLED AT HBMS FOR THIS YEAR:**

Name of HBMS Student	Is Financial Aid requested for this student? (Y/N)

No. \_\_\_\_\_

**STUDENT INFORMATION:**

**NOTE: IF THERE ARE MORE THAN THREE STUDENTS IN ONE FAMILY, PLEASE ATTACH ADDITIONAL COPIES OF THIS PAGE, COMPLETED WITH THE APPROPRIATE INFORMATION.**

**NAME OF STUDENT #1:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

For the coming year:

Name of academic school: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument(s) to be studied at HBMS: \_\_\_\_\_ Length of Lesson: \_\_\_\_\_

Will the student be taking private music instruction elsewhere this year? \_\_\_\_\_

Student lives with:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**NAME OF STUDENT #2:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

For the coming year:

Name of academic school: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument(s) to be studied at HBMS: \_\_\_\_\_ Length of Lesson: \_\_\_\_\_

Will the student be taking private music instruction elsewhere this year? \_\_\_\_\_

Student lives with:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**NAME OF STUDENT #3:** \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Address: \_\_\_\_\_

For the coming year:

Name of academic school: \_\_\_\_\_ Grade: \_\_\_\_\_

Instrument(s) to be studied at HBMS: \_\_\_\_\_ Length of Lesson: \_\_\_\_\_

Will the student be taking private music instruction elsewhere this year? \_\_\_\_\_

Student lives with:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

No. \_\_\_\_\_

**APPLICANT INFORMATION:**

**APPLICANT #1:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Position held: \_\_\_\_\_

Does this individual claim the student as a dependent for tax purposes? \_\_\_\_\_

**APPLICANT #2:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Position held: \_\_\_\_\_

Does this individual claim the student as a dependent for tax purposes? \_\_\_\_\_

**APPLICANT #3:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer name and address: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Position held: \_\_\_\_\_

Does this individual claim the student as a dependent for tax purposes? \_\_\_\_\_

No. \_\_\_\_\_

**If any items of income shown on Page 1 of last year's Return [or on any equivalent attachment to this Application] are expected to increase or decrease this year, or if any items are expected to be added or deleted this year, please provide details below. Please attach additional sheets as necessary.**

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**If any deductions shown on Page 2 or Schedule A of last year's Return [or on any equivalent attachment to this Application] are expected to increase or decrease this year, or if any deductions are expected to be added or deleted this year, please list them below. Please attach additional sheets as necessary.**

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**If any payments of money from any source have been made, or are expected to be made, to any Applicant that will not be listed on this person's Return [or on any equivalent attachment to this Application] for this year (such as gifts from family members or others, distributions from trust accounts, interest payments on tax-exempt securities or otherwise), please list them below. Please attach additional sheets as necessary.**

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No. \_\_\_\_\_

If any Applicant has paid or expects to pay any expenditure that is not deductible and will not be reflected this person's Return [or on any equivalent attachment to this Application] for this year (such as tuition payments to schools other than Hoff-Barthelson, home repairs, support payment to needy family members, or otherwise), please list them below. Please attach additional sheets as necessary.

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Please use this space to explain in detail any other information the Financial Aid committee of HBMS should consider and any special circumstances regarding your family's financial situation. Please attach additional sheets if necessary.

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**CERTIFICATION OF THE APPLICATION:**

The undersigned hereby (a) certify that all statements made in this application are true, complete and accurate; (b) consent to a full credit check; and (c) authorize each mortgage holder of any property owned by the undersigned, any creditor of the undersigned, any landlord of the undersigned and any employer of the undersigned, to verify the statements made in this application and to supply any other information requested by HBMS regarding the assets, liabilities, receipts and expenditures of the undersigned.

APPLICANT #1: PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
APPLICANT #2: PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
APPLICANT #3: PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
<b>AMOUNT OF FINANCIAL AID BEING REQUESTED:</b> _____