



THE GIFFORD YOUTH ORCHESTRA

2770 Indian River Blvd., #324

Vero Beach, FL 32960

772-213-3007

## GYO Music School

### Confidential Application for Financial Aid

Student Name: \_\_\_\_\_  
Last Name First Name M.I.

The GYO Confidential Application for Financial Aid consists of four components:

- Financial Information Form (*this form*)
- Completed Enrollment Agreement Form (*not attached*)
- Copy of your most recent 1040 tax form or proof of student participation in the free and/or reduced meal program through the public school system

It is the responsibility of the applicant or applicant's parent/guardian to see that all items are completed and returned to GYO for staff review. **Only complete applications are considered. All financial information is kept strictly confidential.**

Financial aid awards are deducted from the total tuition charges; no money changes hands between GYO and aid recipients. For all applicants, awards are granted for the entire school year when possible and based on registration for the full program length or remainder of the academic year. Financial aid for summer must be requested separately.

Parents will be notified in writing within two-three weeks of the application date reviewed regarding their award status either for full or partial scholarship.

Withdrawal from any program during the semester for any reason except for special circumstances approved by The Gifford Youth Orchestra Executive Director will result in revocation of the financial aid award and future awards.

The acceptance of financial assistance from GYO carries with it an obligation on the part of the student and parent to attend groups or sessions on a regular basis and work diligently on making progress in his/her principal area of study. Parents must also volunteer for one GYO event during the year. GYO reserves the right to revoke the aid award to any student whose work or behavior is deemed unsatisfactory.

Award of financial aid for 2023-2024 does not guarantee assistance in the future. Financial aid applications must be completed each year. A parent or guardian of each financial aid recipient will be required to sign a letter of agreement accepting the financial aid and to return it within two weeks or notification of the award.

Completed forms must be mailed or emailed to: The Gifford Youth Orchestra info@gyotigers.org  
P.O. Box 691166  
Vero Beach, FL 32969

#### For Office Use Only

Date Application Received: \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Fees waived with award:   
Date notification email/letter sent: \_\_\_\_\_ Date entered on registration: \_\_\_\_\_

## Financial Information Form

PLEASE PROVIDE ANSWERS TO THE FOLLOWING:	Actual <u>Previous</u> Tax Year	Estimated <u>Current</u> Tax Year
1. What is your total household adjusted gross income? <i>(Form 1040, 1040A or 1040EZ—Copy of tax return or other proof of income is required)</i>	\$	\$
2. Non-taxable income—Please check all categories that apply to you: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Social Security Benefits  <input type="checkbox"/> Family Gift or Support  <input type="checkbox"/> Child Support  <input type="checkbox"/> Welfare                 </div> <div style="width: 45%;"> <input type="checkbox"/> Unemployment Compensation  <input type="checkbox"/> Interest on Tax-Free Bonds  <input type="checkbox"/> Untaxed Portions of Pensions  <input type="checkbox"/> Housing Allowance                 </div> </div>	\$	\$
3. TOTAL INCOME (add lines 1 and 2)	\$	\$
4. Household Size: Please indicate the total number of persons living within your household dependent on this income:		
5. Tuition: Please indicate the total costs of all dependents attending a higher learning institution of the current school year: <i>(actual amount paid out-of-pocket after financial aid)</i>		
5. Unemployment: Enter the number of months the primary and/or secondary wage earner has been unemployed this current year.		
6. Other: Please list any other extenuating circumstances that qualify your need for financial aid (medical expenses, other therapies, etc.): <i>(please attach additional documentation if applicable)</i>		

### Required Question

(please indicate one)

- How much can you contribute towards the tuition? \$ \_\_\_\_\_  
 (Your application will not be considered complete unless this question is answered)
- per semester  
 per month  
 per week

### Affirmation of Application

Please confirm with the checklist below that you have completed all sections and included the following with your application:

- Financial Information Form *(this form)*
- Completed Enrollment Agreement Form *(not attached)*
- Copy of your most recent 1040 tax form or proof of student participation in the free and/or reduced meal program through the public school system
- Signature

Your application will be incomplete and not considered for aid without each of the above. The signatures below affirm that the information contained herein is accurate, true and complete to the best of knowledge. For students under the age of 18, a parent/guardian signature is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student (Parent or Guardian) \_\_\_\_\_