



Financial Assistance Request
CONFIDENTIAL

Year & Term: \_\_\_\_\_

In order for the Claremont Community School of Music to award financial aid to those who need it, we require each applicant to provide the information listed below. Continued assistance is contingent on student attendance and progress.

PERSONAL INFORMATION:

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_
Parent or Guardian Names: \_\_\_\_\_
Street Address: \_\_\_\_\_
City, State, Zip Code: \_\_\_\_\_
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_
Total Number of Children Supported: \_\_\_\_\_
Monthly Gross Income of Household (include child support and alimony): \$ \_\_\_\_\_

TUITION REQUESTED:

[ ] Private Lesson Number of Lessons: \_\_\_\_\_
Instrument: \_\_\_\_\_ Length of Lesson: \_\_\_\_\_
Instructor: \_\_\_\_\_ Tuition Amount: \$ \_\_\_\_\_
[ ] Class Class Name: \_\_\_\_\_
Tuition Amount \$ \_\_\_\_\_

CIRCUMSTANCES:

Please describe the special circumstances that affect your need for assistance. (Use a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACHMENTS:

Return this application with the documents below to CCSM at the address above:
• Most recent Federal Income Tax Return
• Most recent W2 forms
• Completed CCSM Registration form

PROCESS:

Applications will not be reviewed until all requested items are submitted. Financial assistance is determined using a sliding scale that considers financial resources and number of dependents. Once the completed application and documents are submitted, you will be notified of financial aid status by U.S. mail within 3 weeks of request.

SIGNATURE:

By signing below, I certify the information I have submitted on this application is true and correct.

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