



Claremont Community School of Music
Business Office
951 West Foothill Boulevard
Claremont, CA 91711

Fall / Winter / Spring 2010 - 2011
Financial Assistance Request
Confidential

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(s)/Guardian(s) Name \_\_\_\_\_
Street Address: \_\_\_\_\_
City, State, Zip Code \_\_\_\_\_
Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Total Number of Children Supported \_\_\_\_\_
Monthly gross income of household (include child support & alimony) \$ \_\_\_\_\_

Tuition Request:

Private Lesson or Class Name: \_\_\_\_\_ Instrument \_\_\_\_\_
Instructor: \_\_\_\_\_
Number of Lessons \_\_\_\_\_ Length of Lesson \_\_\_\_\_
Tuition amount \$ \_\_\_\_\_

Circumstances:

Please describe the special circumstances that affect your need for assistance. Use separate sheet, if necessary.
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Attachments:

Return this application with the documents below to CCSM 951 W. Foothill Blvd., Claremont, CA 91711:
2009 Federal Income Tax Return
2009 W-2 forms
2010-2011 CCSM Completed 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 completed application & documents are submitted, you will be notified of financial aid status by US Mail within 3 weeks of request.

Signature:

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

Signature

Date