



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

**Fall 2007**  
**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. Use a separate sheet to note special circumstances you wish to have considered. Continued assistance is contingent on student attendance and progress.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Instrument or Class: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Total Tuition: \_\_\_\_\_

Names and ages of other children in the family:

How many children/family members will be enrolled at CCSM during the period of this award?

Father/Guardian: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Father's Current Monthly Income: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Mother's Current Monthly Income: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Other Income Sources:  
*(Interest, Dividends, Alimony, Child Support, Pensions, Rents/Royalties, etc.)*

Total Current Monthly Income:

\*Total Adjusted Gross Income 2006:

\*Attach a copy of your **2006 Federal Income Tax Return and all W-2 forms** with your student registration form. Applications will not be reviewed until all requested items are submitted. Financial Assistance is determined using a sliding scale that considers financial resources, assets, number of dependent children, and number of children studying with the school. **Applications are due August 17, 2007.**