

Financial Aid Application
Youth Orchestras of Charlottesville-Albemarle

Please fill and return form to: Youth Orchestra of Charlottesville and Albemarle County, attn: Financial Aid Application, P.O. Box 4845, Charlottesville, VA 22905. If you need assistance completing this form, please call (434) 974-7776.

Applying Financial Aid for: Youth Orchestra Rita M. Evans Orchestra
 Junior Strings Flute Choirs
 Clarinet Ensemble Saxophone Ensemble

For Year 20____ - 20____

Student Information

Name of student: _____

Mailing Address: _____

Home telephone: _____ E-mail: _____

Household Information

Father/1st guardian: _____ Telephone: _____

Address: _____

Occupation: _____ Employer: _____

Mother/2nd guardian: _____ Telephone: _____

Address: _____

Occupation: _____ Employer: _____

Name and age of children (under the age of 18) in the household:

_____ Name	_____ Age	_____ Name	_____ Age
_____ Name	_____ Age	_____ Name	_____ Age
_____ Name	_____ Age	_____ Name	_____ Age

Total number of people in the household: _____

Household Information (Cont'd)

Total monthly income from all sources (after deductions): \$ _____

Total monthly expenses (mortgage/rent, utilities, property taxes, home insurance, food, auto loans, gasoline, health insurance, medical expenses, child support, etc.): \$ _____

Public assistance currently received: (Optional – skip this question will not adversely affect your chance of getting approval)

- Free and reduced price meals Food stamp Medicaid Low-income housing
 Virginia children’s health Insurance program other _____

Please use the space below to provide additional information that you believe is important for the financial aid committee to consider before reaching its decision. (Additional pages may be used):

I certify that the above information is complete and correct.

X _____
Signature of Parent/Guardian

Date