



1110 University Avenue, Suite 200 • Honolulu, HI 96826-1598
Phone: (808) 941-9706 • Fax: (808) 941-4995 • E-mail: carol@hiyouthsymphony.org

**2019 Summer Strings
FINANCIAL AID APPLICATION
DEADLINE: Wednesday, May 15, 2019**

Financial Aid funds are limited. The Finance Committee will review all applications and information submitted to assess each family's need for assistance. Awards are based on financial need, not on the musical ability of the applicant. Each applicant will be notified in writing of the Committee's decision. All information provided will be held in strictest confidence. HYS reserves the right to request additional information if needed. Please note:

**No person shall receive 100% tuition assistance.
All applicants can expect to pay, at minimum, 50% tuition to participate in HYS.**

PERSONAL INFORMATION

Student Name _____ Phone _____ Group _____

Address _____
City _____ Zip Code _____

School _____ Grade _____ Instrument _____

Father/Guardian

Mother/Guardian

	Father/Guardian	Mother/Guardian
Name		
Marital Status		
Occupation		
Place of Employment		
Work Phone		
Work Fax		
Cellular Phone/Pager		
E-mail		

Please note: Register online for the appropriate class first. If you are applying for the Financial Aid Program, payment is still required at the time of online registration. If you choose payment by credit card at the time of registration and you are awarded financial aid, a refund will be issued to your credit card if you paid in full, or your installment payments will be discontinued if you paid by installment. If you choose full payment by check at the time of registration and you are awarded financial aid, a reimbursement check will be issued and mailed to the student. Students will be notified of their financial aid award amounts by **May 31, 2019.**

Continue to Next Page

Confidential Information

Student Name: _____

Is this a single parent/guardian household? Yes No

Including the student, how many children under the age of 18 are living in your household? _____

Other dependents? Yes No Please Specify: _____

Do you qualify for the Federal Free and Reduced Price School Meal Program? Yes No

Do you currently take private lessons? Yes No

Are there any special financial circumstances you feel the Committee should consider while evaluating your application? *Attach additional pages, if necessary.*

In order to be considered for financial aid, **please submit a copy of the first two pages of your most recent (2017 or 2018) Federal Income Tax Return (Form 1040)**. Please redact your Social Security Number from your tax return prior to sending to us, as Hawaii Youth Symphony does not use this information. If married, but filing separately, please submit copies of each return.

I certify that the above information is true and correct. If awarded financial assistance, we agree to participate in the full duration of the program and understand that, if we do not fulfill this obligation, we will be asked to repay all financial aid funds awarded.

Parent/Guardian Signature

Date

Mail completed application with a copy of the first two pages of your 2017 or 2018 Federal Income Tax Return (Form 1040) by Wednesday, May 15, 2019:

**HYS
c/o Financial Aid Program
1110 University Avenue, Suite 200
Honolulu, HI 96826-1598**