



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

Year & Term: _____
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:

- most recent Federal Income Tax Return
- most recent W-2 forms
- 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