



Financial Assistance Request
CONFIDENTIAL

Year & Term: _____

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 or Guardian Names: _____
Street Address: _____
City, State, Zip Code: _____
Day Phone: _____ Night Phone: _____
Total Number of Children Supported: _____
Monthly Gross Income of Household (include child support and alimony): \$ _____

TUITION REQUESTED:

[] Private Lesson Number of Lessons: _____
Instrument: _____ Length of Lesson: _____
Instructor: _____ Tuition Amount: \$ _____
[] Class Class Name: _____
Tuition Amount \$ _____

CIRCUMSTANCES:

Please describe the special circumstances that affect your need for assistance. (Use a separate sheet if necessary.)

ATTACHMENTS:

Return this application with the documents below to CCSM at the address above:
• Most recent Federal Income Tax Return
• Most recent W2 forms
• Completed CCSM 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 the completed application and documents are submitted, you will be notified of financial aid status by U.S. mail within 3 weeks of request.

SIGNATURE:

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

Signature Date