

Confidential Information

Student Name: _____

I am requesting aid for the following sessions: (please circle)

[Jazz] [Solo & String Quartet] [String Orchestra] [Wind Ensemble] [Symphony Orchestra]

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 (2018 or 2019) 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 2018 or 2019 Federal Income Tax Return (Form 1040) by Monday, April 3, 2020.

PLEASE REDACT (BLACK OUT) YOUR SOCIAL SECURITY NUMBER prior to mailing.

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