

# COMMUNITY MUSIC SCHOOL

## 2016-2017 Scholarship Application

Community Music School is pleased to be able to offer this financial aid program. The Scholarship Fund is supported each year through a variety of fund raising activities and individual contributions. Most awards do not exceed 50% of tuition and are based on family income.

**THERE IS A ROLLING DEADLINE, HOWEVER, FUNDS ARE DISPENSED ON A FIRST-COME, FIRST-SERVED BASIS WHILE AVAILABLE.**

To be considered, an applicant must:

- 1) Show a financial need;
  - a) All applicants must complete an application and supply all requested documentation at the time the application is submitted. Your application will NOT be considered if incomplete.
  - b) Applicants must submit a letter (to be written by either parent or student) explaining the value of this scholarship to them.
- 2) Demonstrate a serious commitment to his/her arts education.
  - a) A letter of recommendation from your CMS instructor will be obtained by the Business Office. If you are not currently studying at CMS, a letter of recommendation from one of the following is acceptable: school teacher, band or choir director, dance instructor, or other arts or educational administrator.
  - b) If funds are awarded, students will be expected to adhere to the policies outlined in the CMS Policy Handbook. Please note that excessive student absences (more than 3 per session) may result in a decrease in scholarship award. At the discretion of the Board of Trustees, the scholarship may be revoked for policy violations and you will be held responsible for tuition balances. Cases of extended illness will be handled on an individual basis.
- 3) Demonstrate a serious commitment to the program.
  - a) All scholarship recipients are encouraged to participate in performances that are a part of the program for which the student is enrolled.

NOTE: CMS has instituted a three year maximum for **adult students (age 21+)** beginning with scholarship awards during the 2011-2012 school year. Adult students receiving three consecutive years of scholarship support will not be eligible for an award in the fourth year.

# COMMUNITY MUSIC SCHOOL SCHOLARSHIP APPLICATION

## STUDENT INFORMATION

Student Name:

Date of birth:

Current CMS Student?  Yes  No

Address:

City:

State:

ZIP Code:

Program for which a scholarship is requested:

- |   |  |
|---|--|
| <input type="checkbox"/> Private Lessons (indicate instrument) _____                | <input type="checkbox"/> CMS Jazz Ensemble           |
| <input type="checkbox"/> Kindermusik (circle one) Village / Our Time / Imagine That | <input type="checkbox"/> Sinfonia or String Ensemble |
| <input type="checkbox"/> Group Class (indicate instrument) _____                    | <input type="checkbox"/> Chamber Ensemble            |
| <input type="checkbox"/> New Horizons Band  | <input type="checkbox"/> Other: _____                |

## CONTACT INFORMATION –

**Parent/guardian must provide information for dependent students;  
Adult students must provide information for self and spouse, if applicable**

- Two-parent household     
  One-parent household     
  Adult student (skip to Part B)

**Part A.**

Mother's Name:

Father's Name:

Address (if different from above):

Address (if different from above):

City, ST Zip:

City, ST Zip

Home/Cell Phone:

Home/Cell Phone:

Email:

Email:

Employer:

Employer:

**Part B. For ADULT STUDENT**

**Spouse's Name** (if applicable):

Home/Cell Phone:

Home/Cell Phone:

Email:

Email:

Employer:

Employer:

## FINANCIAL INFORMATION

**List dependent children**

Name:

Age:

Grade:


**Income projections for 2016 tax year**

Projected Gross:

Dividends & Interest:

Rental Income:

Business Profit:

Alimony:

Child Support:

Social Security:

Other:

**Expense projections for 2016 tax year**

Fed. Income Tax:

State Income Tax:

Annual Rent/Mortgage:

Car Payment:

Other Loans:

Education/Tuition:

Alimony/Child Support:

Medical:

Other:

## COMMUNITY MUSIC SCHOOL SCHOLARSHIP APPLICATION

List other people dependent upon your income (i.e. elderly parents) and amount contributed each year:

List any outstanding expenses or indebtedness not covered by this application. In addition, if there are other factors which you feel might affect consideration of your application, please explain.

### SIGNATURE

I declare that the information provided in this application is accurate and complete to the best of my knowledge.

Signature of adult applicant or parent/guardian:

Date:

### APPLICATION CHECK LIST:

- Completed and Signed Community Music School scholarship application
- Most recent Federal Income Tax Form (1040 or similar), pages 1 and 2
- Most recent Connecticut Income Tax Form, pages 1 and 2
- A letter from the student or parents explaining the value of the scholarship to them
- A recommendation letter (if already a student at CMS, we will procure this for you)

All requested information must be provided and a copy of your most recent Federal and State Income Tax forms (pages 1 and 2) must accompany the application. If parents file separately, submit both sets of tax forms. If you do not have a copy of last year's tax form, or did not file one, please submit one for a previous year and explain why a contemporary one is not available.

***We cannot consider this application until all materials have been submitted.***

This application is for financial aid at the COMMUNITY MUSIC SCHOOL. The information will be kept confidential and will be made available only to the CMS Financial Aid Committee. Final determination of financial aid awards will be based on the totality of the family's financial situation and available resources of the Community Music School.

Submit a completed application to:

Community Music School

P. O. Box 387

Centerbrook, CT 06409