



GEORGIA YOUTH SYMPHONY ORCHESTRA

# Georgia Youth Symphony Orchestra Financial Aid Form 2017-2018

Georgia Youth Symphony Orchestra  
1171 Whitlock Avenue, Marietta, GA 30064

### Applicant Information:

Student Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Address: \_\_\_\_\_ Student Email: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

### Father/Guardian #1 Information:

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Monthly Earnings: \_\_\_\_\_

### Mother/Guardian #2 Information:

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Monthly Earnings: \_\_\_\_\_

If student does not live with both parents, which do they live with? \_\_\_\_\_

Does student have a job?      Yes      No

Student monthly earnings: \_\_\_\_\_

How many dependents live in household? \_\_\_\_\_

How many are enrolled in college? \_\_\_\_\_

### **The following documents must be included for financial aid consideration:**

1. Copy of most recent tax return
2. Copy of current payroll check stub
3. Unemployment/disability records (if applicable)
4. Brief letter explaining why assistance is needed

*All information provided will be kept in strictest confidence.*

**You must submit this application every year that you are interested in aid, even if you have received aid in the past.**

I certify that the information provided is true and accurate to the best of my knowledge. I understand that incomplete or inaccurate applications will not be considered.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application and accompanying documents are due August 14, 2017.**

**Once completed, email all documents to [zevans@georgiasymphony.org](mailto:zevans@georgiasymphony.org)**