



# SCHOLARSHIP APPLICATION

## COMMUNITY SCHOOL OF MUSIC AND ARTS

330 E. Martin Luther King Jr. / State St., Ithaca, NY 14850

Phone: 607-272-1474 | Fax: 607-275-0994 | [CSMA-ITHACA.org](http://CSMA-ITHACA.org)

The mission of the Community School of Music and Arts (CSMA) includes providing “quality instruction to any community member who desires to learn music and arts.” We strive to keep our programs accessible and, thanks to generous support, are still able to do so. Our scholarship program offers tuition reduction based upon household income and size. All students are eligible to apply. CSMA does not discriminate on the basis of age, gender, race, national or ethnic origin, or religion.

Scholarship awards are for a full year from the date of the award (4 school terms). Awards are in the form of a percentage reduction of the member tuition rates. Funds are not given directly to the student. Applicants will be notified of awards by email if an email address is provided, otherwise notification will be by phone or regular mail.

### **The Scholarship Application consists of two parts:**

1. the application form
2. the required documents supporting your need

**IMPORTANT:** Applications submitted without supporting documentation of all sources of income (sections 2 and 3 of the application) will not be considered. You must complete the form and return the form with the required documents to The Community School of Music and Arts.

**NOTE:** If you can be claimed as a dependent on someone else’s income tax return, then you must include their income information, their income documentation, and a copy of their tax return. All information will be kept strictly confidential.

Please return the completed, signed form and copies to:

## SCHOLARSHIP COMMITTEE

### COMMUNITY SCHOOL OF MUSIC AND ARTS

330 E. Martin Luther King Jr. / State St., Ithaca, NY 14850

Date received by office \_\_\_\_\_

**Please PRINT and fill out each page as completely as possible.**

**Note:** *Scholarship recipients are limited to a maximum of two areas of study per person, per term: **either** private instruction with one teacher and one course **or** two courses.*

**Please list students (youth and adults) for whom this application is being made.**

name	date of birth
_____	_____
_____	_____
_____	_____
_____	_____

**List any additional dependents not named above.**

name	date of birth
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian or Adult Student \_\_\_\_\_

Street Address \_\_\_\_\_ Home phone \_\_\_\_\_

NOTE: Only enter current and regular checked email addresses.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

1. List your current gross household income: choose appropriate pay period

	Weekly	Bi-weekly	Semi-monthly	Monthly	Annually
a. Wages or salary earned	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
b. Public assistance/TANF	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
c. Alimony and/or child support	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
d. Social Security	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. S.S.I.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
f. Other income (pension, disability, etc.)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
g. Self-employment income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
h. Income earned by dependent children	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2. Attach photocopied documentation of each source of income you have identified above. Circle the letters of those attached below.

- a. Most recent pay stub(s)
- b. Letter from Dept. of Social Services stating amount of award
- c. Proof of child support, maintenance and/or alimony
- d. Proof of Social Security income or survivor's pension
- e. Official proof of S.S.I. income
- f. Official proof of pension, disability, unemployment or other compensation
- g. Statement of anticipated income from self-employment
- h. Documentation of income earned by dependent children

3. Attach a copy of most recent Federal Income Tax return, including all schedules, for all household members and/or non-household member who claim the student(s) as a dependent(s).

**If you did not file a Federal Income Tax return, please check this box:**  **Did not file**

4. Does any other person (not accounted for in the above categories) contribute directly to the support for any of the students listed on this form?

YES \_\_\_\_\_ What is the *annual* amount of that contribution? \_\_\_\_\_  
NO \_\_\_\_\_

5. Please describe and provide documentation for any significant changes in your financial situation during the current year, since filing the tax return referred to above.

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**To the best of my knowledge, the information given on this form is complete and correct.**

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date