NORWALK YOUTH SYMPHONY

FINANCIAL AID GUIDELINES

Our Mission. It is our mission to provide high quality music education and experiences to students and families that is affordable and accessible. We fulfill this mission by providing need based financial aid for NYS orchestra, private lesson and chamber music tuition made available from local contributors and the Memorial and Ramer Funds. Financial assistance is available to all members of the orchestra regardless of age, ability or length of time of membership in the orchestra.

Our Financial Aid. In keeping with our commitment to providing high quality music education, we provide need based financial assistance through the following methods or any combination thereof.

- Tuition grants for NYS orchestral tuition
- Private music lesson grants
- Tuition grants for NYS small classes (e.g. music theory, aural skills, small ensembles, technique or master classes)
- Waiver of audition fees

Students whose families are at or below 250% of the attached federal guidelines may qualify for a full orchestra grant. Moreover, students whose families are above the 250% but at or below 400% of said guidelines may qualify for a partial orchestra grant. Partial or full orchestra grant students may also qualify for private lesson grants during the school year at approved private teaching studios. In addition to the federal guidelines, award of these grants is based on available family assets, monthly expenses, the student's commitment to NYS and his/her instrument as well as the special considerations listed below.

In awarding financial aid, special consideration will be given to unemployed and single parents. Families experiencing a financial hardship due to a loss of employment or a prolonged illness, related to the Covid-19 pandemic will also be considered. Moreover, special family circumstances including financial hardship due to other medical need or disability, support of extended family, college tuition burdens and multiple family participants in NYS will also be considered. The student's commitment to NYS and/or his/her music lessons will also be taken into consideration in determination of the awards. To this end, the scholarship committee may consult with either the student's private and/or school teacher and will require progress reports from teachers before additional payments are made.

Volunteer Service Requirement for Aid Recipients. Financial award recipients must volunteer a minimum of 10 hours at NYS. Such service can be performed during rehearsal snack time, chaperoning concerts, at the boutique or other NYS related events.

Financial Aid Application Review Process. Families requiring assistance must complete the NYS Financial Aid Form and return it by September 15, 2020 to the NYS office, 71 East Avenue, Suite N, Norwalk, CT 06851. You may also return application by email to Sara Watkins at

nysed@optonline.net. Such information will be reviewed by the financial aid committee made up of the NYS Chairman, Treasurer and Executive Director. Applicants may be required to supply additional information as deemed necessary by the committee. Applications may also be made during the year if family financial circumstances change.

2020 Federal Poverty Level Chart

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the "federal poverty level" (FPL).

Household /Family Size	*100%*	138%	150%	200%	250%	300%	400%
1	$12,760	17,609	19,140	25,520	31,900	38,280	51,040
2	$17,240	23,791	25,860	34,480	43,100	51,720	68,960
3	$21,720	29,974	32,580	43,440	54,300	65,160	86,880
4	$26,200	36,156	39,300	52,400	65,500	78,600	104,800
5	$30,680	42,338	46,020	61,360	76,700	92,040	122,720
6	$35,160	48,521	52,740	70,320	87,900	105,480	140,640
7	$39,640	54,703	59,460	79,280	99,100	118,920	158,560
8	$44,120	60,886	66,180	88,240	110,300	132,360	176,480
9	$48,600	67,068	72,900	97,200	121,500	145,800	194,400
10	$53,080	73,250	79,620	106,160	132,700	159,240	212,320

NORWALK YOUTH SYMPHONY

2020-2021 FINANCIAL AID APPLICATION

Fill out this form COMPLETELY to be considered for a Financial Aid Award.

STUDENT INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME or CELL PHONE _____ EMAIL (list one used most often) _____

PRIVATE TEACHER NAME _____ PHONE/EMAIL _____

PARENT or GUARDIAN FULL NAME _____ PARENT or GUARDIAN FULL NAME _____

PLEASE LIST ALL DEPENDENTS and AGES (circle those in college): _____

☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated ☐ Domestic Partnership MARITAL STATUS of Parent(s)/Guardian(s) (please circle)

**If parents/guardians maintain separate households, each party must submit his/her own application.

INCOME AND EXPENSES INFORMATION

	Parent/Guardian	Parent/Guardian
Occupation/Title		
Name of Employer		
Employer Phone No.		
Annual Salary, Wages, Tips, Bonuses etc.	$	$
All Other Income (Annual)		
Spousal or Child Support	$	$
Pensions, Retirement, Social Security	$	$
Workman's Comp, Unemployment, SSI	$	$
Value of Savings	$	$
Value of All Investments	$	$
Market Value of Real Estate	$	$
Monthly Expenses	$	$
Mortgage/Rent	$	$
Utilities (oil/gas/electric/water/cable)	$	$
Auto Payment & Fuel	$	$
Household Expenses	$	$
Insurance	$	$
Other (please specify)	$	$

NYS 2020-2021 FALL SEMESTER TUITION and FEES INFORMATION(indicate assigned orchestra, if known)

☐ Large Ensemble –Prelude, Phil Strings, Phil Winds $300
☐ Large Ensemble – Concert Orch & Principal Orch $300
☐ Classes – Theory & Aural Skills, Chamber Ensembles $275/300 per class

Amount you will be able to contribute**: $_____

Amount you are requesting from Financial Aid Committee**: $_____

** **Required**

If you wish to be considered for private lesson assistance, please complete the following:

Private teacher's name _____

Teacher's address _____

Telephone _____ email _____

Private lessons: How often_____ Length_____ Cost for 1 lesson_____

STATEMENT OF FINANCIAL NEED

Funds for financial aid are limited. Therefore, it is important that parents explain financial needs in detail. Please provide a complete copy of your 2019 tax return. **Please also describe extraordinary family expenses or other financial considerations the committee should be aware of in determining your award.** *(Use the reverse side or attach page).*

I/we understand that the information on this application for Financial Aid is true to the best of my/our knowledge.

_____

Signature of Parent/Guardian **Date**

_____

Signature of Parent/Guardian **Date**

Completed applications should be emailed to nysed@optonline.net or mailed to the NYS office by **9-15-2020.**

A financial aid award requires that the family provide a minimum of 10 hours of adult volunteer service to NYS