

Preucil School of Music

Financial Aid Application Form

For 2024-25 Academic Year

Due Date: May 1, 2024

Office Use only:

PSM ID# _____

Please turn in one form per student (**limit two instrument applications per student**). If the student takes more than one instrument, only one form is needed. If you have more than one child at the School or Preschool, turn in one form for each child.

Date: _____ Student's Name: _____

Age*: _____ *Students are applicable until they receive their GED/high school graduation AND have reached their 18th birthday on or before June 30 of the academic year they are applying.

School: _____

Please Check One:

Returning Instrument Student New Instrument Student New/Returning Preschool Student

Parent Name(s) & Address: _____

Parent 1 E-mail: _____

Parent 2 E-mail: _____

Parent 1 Phone/Cell: (____) _____

Parent 2 Phone/Cell: (____) _____

of children in family: _____

of children enrolled at Preucil: _____

Returning INSTRUMENT Student's Parents, complete this section:

Current Teacher(s): _____ Instrument(s) Studying: _____

When did you first enroll at the Preucil School? _____

During the *current* academic year:

Length of lesson on the (violin, viola, cello, bass, piano, flute) is _____ minutes/week.

Length of lesson on 2nd instrument (violin, viola, cello, bass, piano, flute) is _____ minutes/week.

Which group/orchestra, if applicable, did your child participate in? _____

Violins: Foundation, Book 1, Book 2, Book 3, Books 4-5, Ensemble con Brio, Espressivo Strings

Violas: Books 1-4

Cellos: Pretwinkle, Book 1, Book 2, Book 3, Junior Cello Choir or Cello Choir

Orchestras: Prelude, Crescendo Strings, Vivace Strings, Concert Orchestra, Philharmonia or Sinfonietta

Piano Groups: Book 1, Book 2, Book 3

Flute Group

Was your child enrolled in Preucil Preschool last year? (check one) Yes or No

List any volunteer activity in which you participated during the academic year. _____

Plans for the *upcoming academic* year (based on teacher recommendation):

Length of private lessons will be _____ minutes.

Name of group/orchestra your child will be participating in _____

Group Classes for: Flute, Piano, Violin, Viola or Cello

Orchestras: Prelude, Crescendo Strings, Vivace Strings, Concert Orchestra, Philharmonia or Sinfonietta

NEW or NEW INSTRUMENT Student's Parents, complete this section:

Please check the box that pertains to your situation and fill in the information requested.

My child would like to start lessons at Preucil School of Music in the Fall of 2024.

Instrument: _____ (violin, viola, cello, bass, piano, flute)

Is this your first experience with instrument lessons? Explain _____

My child would like to come to the Preucil School of Music to continue their musical study.

Instrument: _____ (violin, viola, cello, bass, piano, flute)

Current teacher: _____

Length of Study: _____

Current Repertoire: _____

My child is enrolled Preucil Preschool this fall. (circle one) Yes or No

**Returning/New Instrument Student's and New Student's Statement of Intent
(One per student)**

I desire to progress in my studies at the Preucil School of Music. I understand that only limited funds are available to students in need. Should I receive such aid, I willingly commit to practicing, attending group classes on a regular basis, following the instructions of my teacher, and actively participating in financial aid activities, musical achievement week, and the student assessment process.

X

Student Signature

Date

Returning PRESCHOOL Student's Parents, complete this section:

Current Preschool Teacher(s): _____

When did you first enroll at the Preucil School? _____

During the *current* fiscal year:

Class the child attended _____ (2-Day, 3-Day or 5-Day)

Music Together Sessions the child attended _____ (Fall, Winter, Spring, Summer)

Did your child participate in Preucil instrument lessons? _____

Which instrument(s): (violin, viola, cello, bass, piano, flute, harp) _____

Did your family volunteer for any activity or event? _____

Plans for the upcoming academic year:

What class has your child been placed in for the Fall? _____ (2-Day, 3-Day or 5-Day)

FAMILY FINANCIAL INFORMATION – This section only needs to be filled out once per family.

*Every blank **must be completed**. Use N/A when not applicable.*

Gross Income (before taxes):

Head of Household \$ _____

Spouse's Earnings \$ _____

Alimony/Child Support \$ _____

Other Income \$ _____

Total Income \$ _____

Exceptional Expenses (per year):

Medical/Dental: \$ _____

(Not covered by ins.)

Support of child in \$ _____

College

Alimony/child support \$ _____

Other \$ _____

Total \$ _____

Other Assets

Savings Accts \$ _____

Real Estate \$ _____

Stocks/Bonds \$ _____

Other Investments \$ _____

Total \$ _____

Father's Occupation: _____

Mother's Occupation: _____

Rent/Mortgage per month: \$ _____

Total revolving credit payments per month _____

Parents are: Married* _____

Divorced

Legally

Separated

Widowed

Single

***If married, but filing separately, please provide copies of both tax forms. If legally separated, please provide salary & tax information for both parents.**

Please indicate any special circumstances, which bear on your need for financial assistance: _____

A complete financial aid application includes:

Completed **Financial Aid Application Form**, with signed **Student's Statement of Intent**

Copy of your most recent **Federal 1040 tax return** (pages 1 & 2), including Schedules 1-6 and addendums for parent(s) claiming the student.

Completed **Faculty Recommendation Form** (for returning students only, faculty member will turn in to the office separately)



Parent Signature

Date

Parent Signature

Date

For Office Use Only:

Received by: _____

Aid Granted: _____

Database entry: _____

Date: _____

Group/Orch: _____

Accounting Entry: _____
