

SMYOC Financial Aid Application

It is the policy of the Southern Maryland Youth Orchestra and Choir (SMYOC) to provide financial aid, to the extent that our resources allow, for applicants who are truly in need and who otherwise would be unable to participate. Before applying for financial aid, please consider carefully your family’s spending priorities and your child’s dedication to the program.

- **Complete this form in its entirety.**
- **If you have more than one student in SMYOC, please submit only 1 financial aid application.**
- **Applicants can expect strict confidentiality regarding all sensitive information submitted and award results.**
- **This application MUST INCLUDE a copy of the parent/guardian’s INDIVIDUAL INCOME TAX RETURN (FORM 1040) for the last tax year.**
- **SMYOC does not need to know social securities numbers; please feel free to block out social security numbers on the submitted FORM 1040.**
- **Applications are due when tuition/registration is due: by the student’s 3rd rehearsal. Please note that students will not be permitted to take part in the 4th rehearsal if the form has not been received.**

Section 1.

Total Tuition Due for your SMYOC student or students: \$ _____

Total Financial Aid you are requesting from SMYOC: \$ _____

Section 2.

Student’s Name: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone number: _____

Primary Email address: _____

(we will use this email for notifications regarding Financial Assistance)

Section 3. Financial Information:

PARENT 1 OR GUARDIAN 1 INFORMATION

Name: _____ Relationship to Applicant: _____

Occupation: _____ Employer: _____

PARENT 2 OR GUARDIAN 2 INFORMATION

Name: _____ Relationship to Applicant: _____

Occupation: _____ Employer: _____

FAMILY INFORMATION: list names and ages of dependents, and degree of dependency (E.G. "FULL", "HALF", "full-time college student")

Is this a single parent household?	YES	NO
If yes, do you receive child support?	YES	NO

INDICATE ALL FINANCIAL AID/FIP PROGRAMS FOR WHICH YOU PRESENTLY QUALIFY:

- Medical Assistance Help (and/or MCHP, MD Pharmacy, Medicaid, TDAP)
- Food Supplement Program (SNAP, WIC, FSP)
- School breakfast/lunch
- MEAP (MD Energy Assistance)/EUSP (Electric Universal Service Program)
- TCA (Temporary Cash Assistance program)
- EAFC, EFAP (Emergency Assistance to Families with Children)
- Foster Parents
- Property tax credit/renters' tax credit/earned income credit
- SSI (Supplemental Security Income)/PAA
- Educational Assistance grants
- Child care subsidy program/POC

Please provide information about extenuating circumstances regarding your family's financial situation about which SMYOC should be aware in making this financial aid decision. *(If you wish, you may attach a letter explaining any special circumstances you feel should be considered.)*

- *I certify that to the best of my knowledge all information provided is accurate and complete.*
- *I affirm that without the aid requested it would be a financial struggle to enroll my child in SMYOC.*

Signature of Parent(s)/Guardian(s): _____

Section 4. Submit Application

Mail or scan/email this Financial Aid application and your signed INDIVIDUAL INCOME TAX RETURN (FORM 1040) for the last tax year:

Email: peter@smyoc.org or US mail:

***SMYOC Financial Aid Review,
39940 Ben Morgan Road,
Leonardtown, MD 20650***

If you feel that you will not qualify or do not need financial aid, but that a special **payment program could assist you** in enrolling your child in SMYOC, please email the President of the Board at peter@smyoc.org to begin a confidential discussion.