

STATE STREET ACADEMY OF MUSIC FINANCIAL ASSISTANCE SCHOLARSHIP

Information is to be completed by parent/guardian. Please print. Information furnished will be used only for the purpose of determining eligibility for financial assistance scholarship. Return to: **SSA, ATTN: Scholarship Committee, St. Lawrence Chapel, 110 State Street, Harrisburg, PA 17101.**

Student's Name		Date of Birth	
Address	City	State	Zip
Student's School Name		Grade	
Application for Financial Assistance Scholarship for (check one):			
<input type="checkbox"/> Choir	<input type="checkbox"/> Lessons (describe):		
<u>Parent(s)/Guardian(s) Information</u>			
Name			
Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Name			
Address (if different)	City	State	Zip
Home Phone	Work Phone	Cell Phone	
<u>Family Information</u>			
Siblings in student's household:			
Name(s):	Age:	Name(s):	Age:
Others residing in student's household:			
Name(s):	Relationship:	Age:	
Total number in student's household:	Total monthly family income: \$ _____		
Please describe any other circumstances that may impact your need for tuition assistance:			

I attest that the above information is correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Please attach a copy of your most recent tax form.