Western Connecticut Youth Orchestra

FINANCIAL ASSISTANCE APPLICATION

Your application will be strictly confidential.

| Application for:Symphony Orchestra Tuit CIMF Winter/Spring CMI | ionString Orchestra TuitionWind Ensemble Tuition CIMF Summer CMI and/or COPP |
|---|---|
| based on financial need, not merit. In addition to | ations to the WCYO. As limited funds are available, awards are distributed financial assistance, an installment payment plan may be established to stallment plan is desired, please indicate such in the explanation section |
| Please Print: Musician's Last Name | First Name |
| Date of Birth Grade in School | ol in 2024-2025 Instrument |
| (Guardian(s) can be substituted for Father and/or I | Mother below.) |
| Father's Name | _ Mother's Name |
| Address | Address |
| Phone | Phone |
| Email | _ Email |
| Name of Employer | _ Name of Employer |
| Nature of Business | Nature of Business |
| Position Held | Position Held |
| Please attach a copy of your 2023 IRS 1040 (sc | hedules are not needed). |
| Total Adjusted Gross Income | |
| The income information reported above is for (che | eck one)Two ParentsOne ParentGuardian(s) |
| Please explain why your family circumstances merit this financial assistance award. Use back of page if needed. | |
| | |
| | |
| How much could you afford to pay toward tuition? Would the need for financial assistance be reduce | d if you could pay tuition in installment payments? |
| The above information is true and accurate and I k (Guardian(s) can be substituted for Father and/or | nave attached a copy of my IRS 1040 Form (SS#s can be redacted): Mother below.) |
| Father's signature | Date |
| Mother's signature | Date |
| Please comple | ete form and submit by mail or email: |
| Mail - WCYO, P.O. Box 964, Ridgefield, 06877 | |
| Email - wcyo@wctyo.org | |

Please refer questions to the WCYO at wcyo@wctyo.org or 203.894.8786