Western Connecticut Youth Orchestra

FINANCIAL ASSISTANCE APPLICATION

Your application will be strictly confidential.

Awards for financial assistance are funded by donations to the WCYO. As limited funds are available, awards are distributed based on financial need, not merit. In addition to financial assistance, an installment payment plan may be established to ease the burden of a lump sum payment. If an installment plan is desired, please indicate such in the explanation section below.

Please Print: Musician's Last Name	First Name		
	Grade in School in 2024-2025 Instrument		
(Guardian(s) can be substituted for	r Father and/or Mother below.)		
Father's Name	Mother's Name	Mother's Name	
Address	Address	Address	
Phone	Phone		
Email	Email		
Name of Employer	Name of Employer	Name of Employer	
Nature of Business	Nature of Business	3	
Position Held	Position Held		
Please attach a copy of your 202	23 IRS 1040 (schedules are not need	led).	
Total Adjusted Gross Income \$			
The income information reported a	above is for (check one)Two Pa	arentsOne ParentGuardian(s)	
Please explain why your family circ	cumstances merit this financial assist	ance award. Use back of page if needed.	
	toward tuition? \$ance be reduced if you could pay tuition.	on in installment payments?	
The above information is true and (Guardian(s) can be substituted fo		of my IRS 1040 Form (SS#s can be redacted)	
Father's signature		Date	
Mother's signature		Date	

Please complete form and submit by mail or email:

Mail - WCYO, P.O. Box 964, Ridgefield, 06877

Email - wcyo@wctyo.org