

Greater Bridgeport Youth Orchestras 2016-17
Confidential Financial Aid Application
DUE SEPTEMBER 10, 2016

Student's Name: _____

Grade in school: _____ Age: _____ Instrument: _____ Ensemble: _____

Main Household (1) Parent Name(s): _____
Second Household (2) Parent Name(s): _____

Email _____

City _____

ST: _____ ZIP _____

How much aid are you requesting (please be specific): \$ _____

Please tell us about your income and expenses:

Main Household 1 Income: \$ _____ Household 2 Income: \$ _____

Average Monthly Expenses Main Household 1:

Mortgage/Rent: \$ _____

Utilities (oil/gas, electric, water, telephone): \$ _____

Auto (payment and fuel): \$ _____

Household (food, clothing, etc.): \$ _____

Insurance (Auto, health, etc.): \$ _____

Other (please specify):
_____ \$ _____

Does your child qualify to receive free or reduced school lunch? YES _____ NO _____

**A Financial Aid Award requires that the family provide a minimum of 10 hours of adult volunteer service to GBYO. How will you provide these hours?
(Circle below, you could be assigned to other tasks as necessary):**

- | | | |
|------------------------------|--------------------------------|--------------|
| Serve rehearsal refreshments | Pick up rehearsal refreshments | |
| Help at concerts | Chaperone retreats | You name it! |

Parent's Signature: _____ **Date:** _____

Please respond as completely as you can. Continue on the back or attach another sheet if necessary. Return this form with a copy of your most recent tax return and \$25 processing fee by Sep. 10 to: GBYO, PO Box 645, Fairfield, CT 06824 OR present at first rehearsal.