

Date of Application: \_\_\_\_\_



Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Program(s) applying for: \_\_\_\_\_

Time Period (choose one):    Full Year    Fall Only    Winter Only    Summer Camp

Parent/ Guardian Name(s) \_\_\_\_\_

Primary Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment 1: \_\_\_\_\_

Place of Employment 2: \_\_\_\_\_

Last Year's Annual Gross HOUSEHOLD Income: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_

### STUDENT STATEMENT

Please attach a complete statement explaining why you want to be a part of SCMC's School of Music, what you hope to gain from this experience and what you will bring to your ensemble.

### PARENT OR LEGAL GUARDIAN REQUIREMENTS

Please provide a copy of your verification of eligibility for the Free and Reduced-Price School Meals Program, if applicable. SCMC reserves the right to request additional information proving the need for financial assistance if deemed necessary such as tax returns or unemployment documentation. This information will be kept confidential and will only be used in determining eligibility for assistance. Misrepresentation of information or circumstances may result in an immediate withdrawal of any tuition assistance award.

### APPLICATION DEADLINE

**September 1, 2022**

Applications not submitted by the given deadline will not be considered.

**It is very important that students receiving financial assistance make a commitment to the music program in which he/she has enrolled due to the limited availability of financial assistance.**

I hereby attest that the above financial information represents my entire household income. I understand that withholding or misleading SCMC regarding my financial need may result in losing membership in the SCMC program in which I or my child is enrolled.

Applicant/Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or deliver completed application and required documents to:  
**SCMC Education Office | 24 Ransom Avenue NE, Grand Rapids, MI 49503**

## SCMC USE ONLY

Application reviewed on \_\_\_\_\_ by \_\_\_\_\_

Date Notified \_\_\_\_\_

\_\_\_ Approved      Total Amount Granted: \$\_\_\_\_\_      Monthly Payment: \$\_\_\_\_\_

\_\_\_ Denied      Reason: \_\_\_\_\_

Notes: