

**USC Carolina Music Studios
Financial Aid Application
2019-2020 Fall ____ Spring ____.**

Parent Last Name _____ Parent First _____

Phone _____ e-mail address _____

Student/Children's Names _____ Instrument _____

Name _____ Instrument _____

Name _____ Instrument _____

Name _____ Instrument _____

Name _____ Instrument _____

How much can you afford to pay for lessons? _____

Household Income for 2018 _____

Does your child qualify for any Reduced Lunch Program? _____

Please give us any information you feel would help in determining your need/situation on a separate sheet.

Signature of Parent or Guardian/Student _____ Date _____

Community Music Director

I understand that any financial aid I receive towards participation in any Community Music program is based on my ability to pay and availability of funds. I will provide proof of income if asked to verify this information. I understand also that aid is not automatically renewed, but that I must reapply each term. All students are expected to follow all Community Music School policies. In the event of any disciplinary difficulties, scholarship awards will be revoked

For Office Use _____

Lesson Fees: _____

Scholarship Amount: _____