



FINANCIAL AID REQUEST

please email completed form to Josephine@elementalmusic.org or mail to the address above

STUDENT NAME: _____ **INSTRUMENT** _____

PLEASE CIRCLE PROGRAM: (please note students may only apply for and receive financial aid for ONE ensemble program).

Elemental Strings	Elemental Band	Prelude
Elemental Guitar	Elemental Choir	Academy Strings

Income Information (if legally separated, both parents' income must be reported)

1. Annual income of parent or guardian 1\$ _____

2. Annual income of parent or guardian 2\$ _____

3. Annual income of other supporting adult(s) (name and relationship) \$ _____

Additional Financial Information

Monthly rent or mortgage payment \$ _____

Total # of dependent children _____

How much can the family contribute towards the cost of Elemental Music (\$800)?
\$ _____

How much aid is the family requesting? \$ _____

Certification

I certify that the information furnished on this form is complete and accurate to the best of my knowledge. I understand that further documentation or proof of income may be requested.

Signature of Parent/Guardian

Date

Print Name

FOR OFFICE USE ONLY:
REQUEST APPROVED? _____ AMOUNT AWARDED: _____
DATE: _____

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