



## FINANCIAL AID REQUEST

please email completed form to [Josephine@elementalmusic.org](mailto: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 Phil

**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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