

Orchestra Program Scholarship Program Agreement

Application and Documentation due by September 1, 2016

Student Name: _____ Parent Name: _____

Child's School: _____ Annual Family Income: _____

Names of siblings who are also in Kids' Orchestra: _____

Form of Documentation Enclosed (circle one or more): **must provide documentation to receive scholarship*

SNAP benefit verification letter Tax return W-2 SSI benefit verification letter Letter from employer

Paycheck stubs Pension Retirement Other: _____

Please select your child's scholarship level based on your family income

Check one scholarship	Family income	Scholarship you will receive	Family Annual Responsibility	Semester payment	Monthly payment* paid over 9 months
	\$65,000 +	\$400	\$600	\$300	\$67
	\$55,000 - \$64,999	\$600	\$400	\$200	\$45
	\$45,000 - \$54,999	\$800	\$200	\$100	\$23
	\$35,000 - \$44,999	\$850	\$150	\$75	\$17
	\$25,000 - \$34,999	\$900	\$100	\$50	\$11
	\$20,000 - \$24,999	\$950	\$50	\$25	\$6
	\$0 - \$19,999	\$980	\$20	\$10	\$3**

I choose to enroll in Payment Plan: (check one)
 ___ pay in full ___ semester payments ___ monthly payments

**Monthly payments are due on the 15th each month, September - May.*

***Monthly payments for a \$980 scholarship may only be made if a family is paying for 2+ children.*

Payments for one child must be made in one semester payment of \$10.

Parent Certification: I certify that to my knowledge all information provided on this form is true and accurate. I understand that I must pay my child(ren)'s tuition by the 15th of each month (September, October, November, December, January, February, March, April, and May). I understand that failure to submit payment on time will result in my child's instrument being withheld.

Parent/Caregiver Signature: _____ Date: _____