

Dekalb Youth Symphony Orchestra 2020-2021 Tuition Assistance Application:

Student information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Grade: _____ Student Instrument: _____

Father/Guardian #1 Information

Full Name: _____

Phone: _____ Email: _____

Monthly Income: \$ _____

Mother/Guardian #2 information

Full Name: _____

Phone: _____ Email: _____

Monthly Income: \$ _____

If student does not live with both parents, which parent do they live with? _____

Does student have a job (circle one) No Yes If yes, monthly earnings _____

How many dependents live in the household? _____ Are any other dependents in college? _____

How much would you be able to contribute toward tuition? \$ _____ (either in full or payments).

Please provide a letter explaining your situation and why tuition assistance is needed. All information will be kept confidential.

May we contact your child's school music teacher solely as a reference for your child's musical aptitude and behavior in music class (circle one)? Yes No

I certify that the information provided to DYSO is accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Please return all information in a sealed envelope by Tuesday, September 29, 2020.