

Community String Project Financial Aid Form

Complete only if you do not qualify for the free/reduced lunch program.

Scan and email completed form to vicki@communitystringproject.org or mail to CSP, PO Box 513, Bristol, RI 02809. For questions call 401-500-1243.

____ New Financial Aid Applicant ____ Returning Financial Aid Applicant

Student name _____ School _____ Grade _____

Parent/Guardian name(s) _____

Address _____ City/State _____ Zip _____

Phone: _____ Email: _____

Place(s) of employment and position(s) _____

1. Do you have more than one child enrolled in CSP? YES / NO

If yes, add name(s), school, and grade _____

2. How long has your child been taking lessons with CSP? _____

3. Does your child participate in music classes at a school or institution other than CSP? YES / NO If so,

please list school or institution: _____

4. What is the total number of individuals within your household, including yourself, for whom you are

financially responsible? _____

5. CSP classes cost \$225 for a 15 week session and instrument use is \$40. How much are you able to pay per

session? \$ _____

6. What is the annual adjusted gross income of the person(s) who, on their income taxes, claims as a

dependent the student listed on this form? (Line 37 on form 1040, line 21 on form 1040A or line 4 on form 1040EZ.) \$ _____

7. If you did not file taxes this year, please indicate your total yearly household income:

\$ _____

8. Do you receive any other income to support the child for whom you are requesting financial aid? If so, please indicate below the dollar amount you receive on a monthly basis from each of the appropriate sources:

_____ Social Security _____ Disability _____ Unemployment _____ Food stamps _____ Child support _____ Welfare/public aid _____ Other: _____

9. The financial aid committee will also take into consideration any special circumstances regarding your current family or financial situation. Please add any comments below that you feel would be important to consider when reviewing your application. Feel free to include a separate letter with your application if you need more room:

10. If you have received financial aid from CSP in the past, please provide date received, amount, and reason for award.

Date: _____ Parent/Guardian Signature(s): _____

Thank you for your application. Financial aid is awarded upon recommendation of the Finance Committee as funds are available. You will be notified of the status of your application shortly after it is received.