

YAS 2005 -- Application for Financial Aid, Work/Study, and Deferred Payment Plan

Application will be considered when all required information has been received. Many need assistance – apply early for greatest consideration.

Student Information:

Name _____ Instrument _____
Address _____ Phone () _____
City/State/ZIP+4 _____ Age _____ Are you a full time student? Yes No

Parent/Legal Guardian Information:

Name of Mother/Guardian _____ Home Phone () _____
Position _____ Employer _____ Work Phone () _____
Address of Employer _____ City/State/ZIP _____
Name of Father/Guardian _____ Home Phone () _____
Position _____ Employer _____ Work Phone () _____
Address of Employer _____ City/State/ZIP _____

1) On a separate sheet, please state as frankly as possible why you are applying for financial assistance, including any extenuating circumstances. (All information is confidential.)

2) Is the student available to participate in the Work/Study Program? (See reverse side for explanation of Program.)

No On a separate sheet, please state the reason the student is not available.

Yes Please check the session(s) for which the student would be available:

A. June 9 -- 18 (\$336) B. July 24-- August 9 (\$740) C. August 9 -- 20 (\$336) D. August 20 – 28 (\$384)

How much total assistance do you need to attend RRMC? Please state a dollar amount. \$ _____

4) Parents' average net monthly income \$ _____

Is the student currently employed? Yes No Student's average net monthly income \$ _____

5) Estimated yearly adjusted gross family income (including that of stepparent) including benefits for housing, utilities, auto, insurance; income for pension, child support, alimony, etc. \$ _____

6) Names of dependents (under age 22) Ages Name of college attending (if applicable)

I have included additional information on a separate sheet.

7) Please submit your family's 2004 federal tax return* for this application to be considered. If you are unable to submit the 2004 federal tax return with this application, please provide an estimated return and include an indication of the date we can expect to receive the finalized 2004 return. Awards cannot be made until all Financial Aid materials are received. Please allow three weeks for review and response.

***Guidelines for financial independence based on IRS information:**

- Student attends school less than 5 months during the year.
- Student is not listed as an exemption by parents on their federal income tax return.
- Student receives less than \$2350 per year in assistance from parents. This includes clothing, medical care, insurance, etc. If you **DO** meet all of the guidelines for financial independence based on the guidelines above, please submit a copy of your 2004 federal income tax return. If you **DO NOT** meet all of the guidelines for financial independence based on the guidelines above, please submit a copy of your parent's/guardian's 2004 federal income tax return.

8) By signing this form, you agree that if the student fails to complete the full five-week term of the Young Artist Seminar for any reason, or if the student fails to complete the work study assignments satisfactorily, any scholarship or tuition credits will be NULL and VOID. The student/guarantor will be held accountable for the amount of his/her remaining tuition at the time he/she leaves the Center. The information provided on this application is complete and accurate.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

REQUIRED INFORMATION:

- Fully completed and signed application form
- 2004 Federal Tax Return (or estimated date you will be sending it)
- separate sheet explaining item 1
- separate sheet explaining items 2 and 6 (if applicable)

MAIL TO:

Rocky Ridge Music Center
465 Longs Peak Rd.
Estes Park, CO 80517-1790

Email: office@rockyridge.org