

Greater Connecticut Youth Orchestras
Confidential Financial Aid Application
DUE FIRST DAY OF REHEARSALS

Student's Name: _____

Grade in school: _____ Age: _____ Instrument: _____ Ensemble: _____

Main Household (1) Parent Name(s): _____ Second Household (2) Parent Name(s): _____

Email _____

City _____

ST: _____ ZIP _____

How much aid are you requesting (please be specific): \$ _____

Please tell us about your income and expenses:

Main Household 1 Income: \$ _____ Household 2 Income: \$ _____

Average Monthly Expenses Main Household 1:

Mortgage/Rent: \$ _____

Utilities (oil/gas, electric, water, telephone): \$ _____

Auto (payment and fuel): \$ _____

Household (food, clothing, etc.): \$ _____

Insurance (Auto, health, etc.): \$ _____

Other (please specify):
_____ \$ _____

Does your child qualify to receive free or reduced school lunch? YES _____ NO _____

Please attach your most recent tax return. An official school lunch recipient letter may be provided in lieu of a tax return.

Is your current financial situation about the same as it was when you did your tax return?
If No, please explain on the back or another sheet.

Parent's Signature: _____ **Date:** _____

Please respond as completely as you can. Continue on the back or attach another sheet if necessary. Return this form with a copy of your most recent tax return and \$25 processing fee to: GCTYO, PO Box 645, Fairfield, CT 06824 OR present at first rehearsal.