

JazzArts Charlotte Confidential Application for Tuition Support

STUDENT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Date of Birth: _____ Age: _____ Race (optional) _____ Gender (optional): _____
School (Present or Rising): _____ School grade: _____
Mobile phone: _____ Home Phone: _____ Other: _____
E-mail: _____
Instrument/Class Applying For: _____ Teacher (band or private music): _____

Parent/Guardian Information (ages 18 & under)

Name: _____ Employer: _____
Mobile Phone: _____ Home: _____ Other: _____
Emergency Contact: _____ Phone: _____
How did you hear about JazzArts Charlotte? _____

Please list financial assistance received per year from the following sources:

1. What is the Adjusted Gross Income of the person who, for income tax purposes, claims the student(s) listed on this form as a dependent(s)? Amount: \$ _____
2. What are the total wages of the other parent/guardian? Amount: \$ _____
3. Do you receive any other allotment of monies from agencies representing:
Aid to families with dependent children? Amount: \$ _____
NC public aid: monthly/food Stamps/WIC? Amount: \$ _____
Alimony and/or child support? Amount: \$ _____
Social Security? Amount: \$ _____
Other income (retirement, disability, unemployment, etc.)? Amount: \$ _____

4. Please indicate the total number of children or dependents within your household: _____

5. **Enclose a copy of your latest income tax return and a current pay stub for each wage earner in the family OR any other official proof of annual income (ex: disability, unemployment documentation.)**

6. **Please write a short statement that explains why the indicated program is important to you and your child.** If extenuating circumstances occurred in the past year that hinder your ability to pay tuition in full, you may attach written documentation in support of these claims. Enclose a letter on a separate piece of paper describing any other information you would like to have considered as part of your application.

Required: I have read and understand all of JazzArts Charlotte's policies and procedures and agree to adhere to them. I understand that tuition support may be withdrawn from any student who does not maintain a good record of cooperation, endeavor and achievement satisfactory to Jazz Arts Initiative. I understand that this tuition support is granted solely for instruction for summer camp. I understand that providing false or misleading information on any part of this application will disqualify me from any current or future tuition support from Jazz Arts Initiative. Please note that Financial Assistance cannot be granted if this application is incomplete.

Signature: _____ Date: _____

(Parent/Guardian or Adult Student)

Application Deadlines: Fall 2023: September 6th; Spring 2024: January 5th; Summer 2024: June 10th

(tentative) *Return form and supporting documents to Attn. Financial Aid Committee, JazzArts Charlotte, VAPA Center, 700 N Tryon St, Charlotte, NC 28202 or email info@thejazzarts.org and we will arrange secure way to send electronically. (please be sure to include VAPA Center in the address)