FINANCIAL AID APPLICATION

General Information
(Please read carefully before completing application.)

ELIGIBILITY
Financial aid for the regular academic year study is available to ECMS students for lessons, classes and ensembles. Preference is given to students enrolled in a diploma program. Financial aid is awarded on the basis of financial need and demonstrated musical achievement:

- Financial need: determined by the student’s yearly income, as shown on page one of their federal tax form or their SSI statement, to be submitted with this application.
- Demonstrated musical achievement: determined by the Teacher Recommendation Form on page 4 of this packet.

APPLICATIONS
Awards are not automatically renewed from one year to the next. Applications are accepted on a continuing basis throughout the year, but awards are determined only two times each year, August and December. Applications may be reviewed more often if time and funds permit.

MERIT SCHOLARSHIPS
In addition to financial aid, current students who excel in their study at ECMS may be chosen to receive a merit-based scholarship. Recipients are chosen from faculty nominations. The student does not submit any application form.

CONDITIONS OF AWARD
Scholarship awards are normally for partial-tuition. Confirmation of the award through the academic year in which it is given is contingent upon the applicant 1) maintaining his or her original level of registrations for the year (in terms of lesson hours and/or number of classes), and 2) meeting all financial obligations to the school not covered by the scholarship. Recipients of scholarships are obliged to inform the office of any changes which might seriously affect eligibility for continuation of financial assistance.

ESM/ROCHESTER CITY SCHOOL DISTRICT PATHWAYS PARTNERSHIP SCHOLARSHIPS
Through a unique partnership between the Eastman School of Music and Rochester City School District, a limited number of partial and full tuition scholarships are available to qualified students of the RCSD in grades 5-12. Information on application procedures for this program is available through the RCSD music office (262-8473) or RCSD music teachers. DO NOT use this form for ESM/RCSD Pathways Scholarship application.

Checklist
- Financial Aid Application Form
- Proof of income – submit one of the following:
  - First page of federal tax return
  - SSI Statement
- Teacher Recommendation (may be submitted separately by the teacher)

Deadlines
- August 1 - consideration for the coming school year.
- December 1 - consideration for the spring semester.
- After December 1, requests will be considered only if funds remain.

Applications will not be considered until all parts are received.
Eastman Community Music School
Financial Aid Application

Please detach and return to the
Eastman Community Music School Office

PART ONE
(to be completed by all applicants)

Name of student ________________________

Date of Birth ______________________________

Street address ______________________________________________________________

City ________________________

State ______________ Zip Code _____________________________

Telephone ________________________________________

Email _____________________

Instrument(s) for which you are applying ______________________________________________

Years of study _______________

Eastman Community Music School Teacher _____________________________________________

Is this an application for a renewal of a previous scholarship award? Yes No (please circle)

Are you currently enrolled in the Eastman Community Music School? Yes No (please circle)

NOTE: If you are not currently enrolled for study in the Eastman Community Music School, please remember that this scholarship application must be accompanied by an Application/Registration Form.

PART TWO (to be completed by parents/guardians of dependent children)

Applicant is a student in the _____ grade at ________________________________ School (School District ______________________)

Name of father/guardian ____________________________________ Occupation ________________________________

Place of employment ______________________________________

Name of mother/guardian ____________________________ Occupation ________________________________

Place of employment ________________________________

- For financial consideration, include page 1 of federal income tax return with the application form.

PART THREE
(to be completed by adult applicants and self-supporting students over the age of eighteen)

If a student:
Applicant is a student at ________________________________

If employed:
Applicant is employed at ________________________________

and occupation is ________________________________

- For financial consideration, include page 1 of federal income tax return with the application form.
PART FOUR
Is the student pursuing one of the ECMS Pre-College or Adult Diploma courses of study?  Yes  No  (please circle)

Please list courses, ensembles and classes the student is taking at ECMS.

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

PART FIVE
Other educational expenses, musical achievements, and/or additional information that may be pertinent:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

PART SIX
(to be signed by parent/guardian of dependent child or by adult applicant)

I certify that the answers and information provided on this form are accurate to the best of my knowledge.

________________________________________________________________________________________________________

Signature                                      Date

Revised 2/13
ECMS TEACHER RECOMMENDATION

Applicant must request completion by student’s primary Eastman Community Music School instructor for completion. Recommendations may be submitted separately from application.

Applicant Name ________________________________________________________________

Teacher Name ________________________________________________________________

Lesson Length

30-minutes 45-minutes 60-minutes

Please respond to the following using the accompanying scale, with 1 representing the lowest ranking, 10 representing the highest ranking. Present your opinion of the applicant, comparing the student to others you currently teach, or to ECMS students with whom you are acquainted.

Student’s musical achievement

1 2 3 4 5 6 7 8 9 10

Student’s dedication/weekly preparation

1 2 3 4 5 6 7 8 9 10

Parental/family support (if applicable)

1 2 3 4 5 6 7 8 9 10

Student’s potential for musical growth

1 2 3 4 5 6 7 8 9 10

Current exam/jury level and/or grade ________________________________ School Grade ____________

Comments:

________________________________________________________________________________________

Teacher Signature ___________________________ Date ___________________________