



FINANCIAL AID INFORMATION SHEET

PLEASE READ CAREFULLY

WHO CAN APPLY FOR FINANCIAL AID?

Any regularly attending student or client of The Cleveland Music School Settlement may apply for aid. Department of Music students or Music Therapy clients receiving aid must be regularly enrolled and are expected to attend, show progress and interest. Financial aid is not available to occasional students. Evaluations of student or client progress will be made periodically during the year.

HOW IS FINANCIAL AID AWARDED AND HOW OFTEN?

Financial Aid is awarded based upon a percentage of tuition, and limited to a maximum of \$2,500 per school year. The Cleveland Music School Settlement offers financial aid based upon financial need. A student or client must submit the proper registration materials prior to (or at the same time as) submission of the financial aid form. Returning students or clients are given priority in requests for financial aid. Renewal of Financial Aid is not automatic. It is necessary to reapply each school year.

Financial aid is used to pay for tuition only and is not applied to registration or other fees. In the case of discontinuance during a semester, financial aid will be prorated according to tuition still outstanding. Remaining financial aid will be removed from any accounts that are sent to collection for non-payment.

HOW DO I APPLY?

You may apply for aid in person or by mail. It is important that you include proof of income with your application. Always include a **copy** of your most recent 1040, 1040EZ or 1040A. If you do not file a return, state the reason why and attach other proof of income (i.e. W-2's or ADC form, 1099 SSA). **Do not send originals**, only copies of the originals.

If you do not have a copy of your most recent return you can obtain an official transcript from the IRS. The transcript takes two to five weeks to receive and must be requested at the time you submit your application. You may obtain the form 4506T from the IRS website at www.irs.gov.

Application Deadlines for returning students (after this date financial aid will be offered to new students):

Department of Music:	June 1
Early Childhood (Pre-School and Day School):	On-going
Early Childhood Arts	June 1
Music Therapy	June 1

HOW WILL I KNOW IF I WILL RECEIVE ASSISTANCE?

All new applicants will receive a call and an official award letter from the school with notification of approval or denial of financial aid. If your request is approved, your next billing statement should reflect the financial aid awarded.

If you have not received notification within 14 days from the date of filing, please call (216) 421-5806:

Department of Music: Extension 109

Early Childhood: Extension 161

Music Therapy: Extension 140

4. HOUSEHOLD INFORMATION (Adult Students/Clients fill out only that which is applicable to you)

Do student(s) / client(s) reside with both parents? ___y ___n Number of siblings: _____

5. FINANCIAL INFORMATION (Adult Students / Clients complete below for yourself unless you reside with and are a dependent of your parent(s). If so, the information below should be completed by your parent(s).)

Please note that adjusted gross income must be supported by your most recently filed tax return (form 1040, 1040EZ or 1040A). If you do not file a return, please indicate your reason below and supply the appropriate documents to support your claimed income. Documents may include the following (please check all that are included):

___ W-2(s) ___ ADC Forms ___ Social Security Forms
___ Payroll Ck. Stub(s) ___ Welfare Forms ___ Other (Please specify below)

___ I do not file a return because: _____

INCOME, EARNINGS AND BENEFITS
(All figures must be from your most recently completed tax return)

If filing separately:	THIS TAX YEAR	LAST TAX YEAR
Father's Adjusted Gross Income:	\$ _____	\$ _____
Mother's Adjusted Gross Income:	\$ _____	\$ _____

If filing jointly:		
Combined Adjusted Gross Income:	\$ _____	\$ _____
Unreimbursed Educational / Medical Expenses:	\$ _____	\$ _____

3rd PARTY REIMBURSEMENT

Will you receive 3rd Party Reimbursement from a Foundation, Trust, County agency or other source to assist you in paying all or part of the tuition? ___y ___n

If yes, from what organization(s) are you expecting the payment(s)? _____

If yes, list the name and phone number of the support administrator(s) / case manager(s) below:

Phone (____) - ____ - _____ Name _____

Additional Circumstances you feel should be considered in evaluating your needs (future large medical or education expenses, recent job loss, etc) Please include on a separate sheet and check here: ___ *separate sheet included*

6. CERTIFICATION

By signing below I certify that all of the information on this form is true and complete to the best of my knowledge. I realize that incomplete information or any fraudulent information given can result in denial of Financial Aid.

Signature of applicant: ___Father ___Mother ___Guardian ___Self Date: ___/___/_____

Signature