



Need-Based Scholarship Request Form

The information you provide will be kept strictly confidential. This information is necessary to insure that our limited resources are allocated as fairly and justly as possible. All Tuition Assistance Request forms must be submitted with the most recent Income Tax Return filed with the IRS or other documentation to support the income reported.

Student's Name: _____ Date: _____

Name of Program: _____ Session: _____

School: _____ Grade: _____

Primary Family Email (for award notification): _____

FAMILY DATA

Parent I's Name: _____

Parent I's Address: _____

Parent I's City, State, Zip: _____

Parent I's Home Phone: _____ Work Phone: _____

Parent I's Occupation: _____ Employer: _____

Parent II's Name (if applicable): _____

Parent II's Address: _____

Parent II's City, State, Zip: _____

Parent II's Home Phone: _____ Work Phone: _____

Parent II's Occupation: _____ Employer: _____

Chorister lives with: Parent 1 Parent 2 Both Other _____

Number of siblings or dependents living with chorister: _____

FINANCIAL DATA – Please include a copy of your most recent Federal Income Tax Return with this application, unless WMA already has a copy on file for this year.

Adjusted Gross Income (form 1040 or form 1040A): \$ _____

If you did not file a federal tax return, or have other sources of income such as child support, public assistance, etc., please explain below.

Total amount of scholarship award requested: \$ _____

Is your chorister receiving tuition assistance or a need-based scholarship from any other organization(s)? (If yes, please specify) _____

Please describe below your reasons for requesting scholarship assistance. If necessary, attach an additional page to this form.

Please provide any other information that will assist WMA in assessing your needs (for example, recent periods of unemployment, prolonged illness, significant financial obligations, etc.). Feel free to add additional documentation.

Have you previously received financial assistance from WMA? _____ Tuition Travel

I hereby affirm that the above information is true and correct to the best of my knowledge. I further acknowledge that any misrepresentation could jeopardize my ability to receive future assistance.

Parent's Signature: _____ Date: _____

Please return this form and a copy of your most recent Federal Income Tax Return to the Westrick Music Academy office prior to the first class of the session for which you are applying for aid.

**Westrick Music Academy
Scholarship Committee
231 Clarksville Rd, Suite 8
Princeton Junction, NJ 08550
HButler@WestrickMusic.org**

We will do our best to fill requests within our guidelines, but funds are limited. The Scholarship Committee will review your request, and you will be informed of its decision as soon as possible.

REMEMBER: YOUR APPLICATION CANNOT BE CONSIDERED WITHOUT THE ACCOMPANYING TAX INFORMATION. IF YOU ARE NOT REQUIRED TO FILE A TAX RETURN, PLEASE INCLUDE THIS INFORMATION ALONG WITH YOUR APPLICATION.