



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: \$ \_\_\_\_\_

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. Please include any documentation you have available.

\_\_\_\_\_

**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.

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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.

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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 by email, fax or physical mail 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  
Assistance@WestrickMusic.org  
Fax: (609) 688-1838**

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.**