

Suzuki Strings at USC
Financial Aid Application
Year _____ Fall ___ Spring__

Parent Last Name _____ Parent First _____

Phone _____ e-mail address _____

Student/Children's Names who participate in the program _____ Instrument _____

Name _____ Instrument _____

Name _____ Instrument _____

Name _____ Instrument _____

Name _____ Instrument _____

How much can you afford to pay for lessons? _____

Household Income for 2009 _____

Please give us any information you feel would help in determining your need/situation on the backside of this form or on a separate sheet.

Signature of Parent or Guardian/Student _____ Date _____

Suzuki Strings at USC, Director

I understand that any financial aid I receive towards participation in any Suzuki Strings at USC program is based on my ability to pay and availability of funds. I will provide proof of income if asked to verify this information. I understand also that aid is not automatically renewed, but that **I must reapply each term.** All students who receive scholarship are expected to attend all concerts, and follow all Suzuki Strings at USC policies. In the event of any disciplinary difficulties, scholarship awards will be revoked.

For Office Use _____

Lesson Fees: _____ Scholarship Amount: _____