The CMS Confidential Application for Financial Aid consists of four components:

Section I  Financial Information Form,
Section II  Registration Form,
Section III Copy of your most recent 1040 tax form or other proof of income, and
Section IV $20 deposit towards the tuition.

It is the responsibility of the applicant or applicant’s parent/guardian to see that all items are completed and returned to CMS by the published deadline listed above. Only complete applications are considered. All financial information is kept strictly confidential.

Financial aid awards are deducted from total tuition charges; no money changes hands between CMS and aid recipients. For fall applicants, awards are granted for the entire school year when possible and based on registration for the full program length or two 17-week semesters. For new spring applicants, awards are granted for the full program length or one 17-week semester. Registration for less than the full program length or 17 weeks each semester will result in a prorated award based on the number of lessons. Financial aid for summer must be requested separately.

Students will be notified in writing within two-three weeks of the semester deadlines regarding their award status. Applications received after the deadlines above will be considered as long as financial aid funds are available, and applicants will be notified within two-three weeks of submitting a completed financial aid form.

Withdrawal from any program during the semester for any reason except for special circumstances approved by the Community Music School Director will result in revocation of the financial aid award. Approved withdrawals will result in prorated aid according to the number of lessons/classes/rehearsals received at the date of withdrawal. In some cases, an additional payment may be required. Early withdrawal without the approval of the Director will result in revocation of the financial aid and full payment will be required. Withdrawal from lessons before October 27 will result in a refund or credit of 8 lessons for the fall semester tuition and no charge for the spring semester. Withdrawal from lessons for the spring semester before March 16 will result in a refund or credit of 8 lessons. Refunds for classes or ensembles are not possible after the first class/ensemble meeting.

The acceptance of financial assistance from CMS carries with it an obligation on the part of the student to attend groups or sessions on a regular basis and work diligently on making progress in his/her principal area of study. CMS reserves the right to revoke the aid award to any student whose work or behavior is deemed unsatisfactory.

Award of financial aid for 2018-19 does not guarantee assistance in the future. Financial aid applications must be completed each year. A parent or guardian of each financial aid recipient will be required to sign a letter of agreement accepting the financial aid and to return it within two weeks of notification of the award.

Completed forms must be mailed or hand-delivered in hard copy to:

Administrative Assistant
MSU Community Music School
4930 S. Hagadorn Rd.
East Lansing, MI 48823

For Staff Use Only

Date Application Received: ______________  Paid: $_______________  SSP ID #: _______________
Date notification email/letter sent: ____________  Date entered on registration: ____________  Fees waived with award: □
# Section I: Financial Information Form

**PLEASE PROVIDE ANSWERS TO THE FOLLOWING:**

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<tr>
<th>Actual Previous Tax Year</th>
<th>Estimated Current Tax Year</th>
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1. What is your total household adjusted gross income? *(Form 1040, 1040A or 1040EZ - Copy of tax return or other proof of income is required)*

2. Non-taxable income – Please check all categories that apply to you:

- □ Social Security Benefits
- □ Unemployment Compensation
- □ Family Gifts or Support
- □ Interest on Tax-Free Bonds
- □ Child Support
- □ Untaxed Portions of Pensions
- □ Welfare
- □ Housing Allowance

3. TOTAL INCOME *(add lines 1 and 2)*

4. Household Size: Please indicate the **total** number of persons living within your household dependent on this income:

5. College Tuition: Please indicate the total costs of all dependents attending a higher learning institution for the current school year: *(actual amount paid out-of-pocket after financial aid)*

6. Unemployment: Enter the number of months the primary and/or secondary wage earner has been unemployed this current calendar year:

- PRIMARY
- SECONDARY

6. Other: Please list any other extenuating circumstances that qualify your need for financial aid (medical expenses, other therapies, etc): *(please attach additional documentation if applicable)*

### Required Question

- How much can you contribute towards the tuition? $_______

(Your application will not be considered complete unless this question is answered)

### Affirmation of Application

Please confirm with the checklist below that you have completed all sections and included the following with your application:

- Section I: Financial Information Form
- Section II: Registration Form *(separate summer camp registration forms are also required for those requesting aid to attend)*
- Section III: Proof of income (1040 Tax Form)
- Section IV: $20 tuition deposit
- Signature

Your application will be incomplete and not considered for aid without each of the above. The signatures below affirm that the information contained herein is accurate, true and complete to the best of knowledge. For students under the age of 18, a parent/guardian signature is required.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>
| Relationship to Student (Parent/Guardian) | }
Date: __________________

### New Family □ Returning Family □ Fall □ Spring □ Mini Semester □ Summer

#### Parent/Guardian/Adult Student Name(s):

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<th>Last</th>
<th>First</th>
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#### Address:

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<th>Street</th>
<th>City</th>
<th>State</th>
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#### Phone:

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#### Email:

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#### Place of Employment:

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<th>Work Phone</th>
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#### How did you hear about CMS?

________________________________________________________________________

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<tr>
<th>Student Name/ Birth Date</th>
<th>Course/Teacher</th>
<th>Semester</th>
<th>Day/Time</th>
<th>Lesson/Class Length</th>
<th>Price</th>
<th>Number of weeks</th>
<th>Total Tuition</th>
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**Total Due $**

Payment Terms: _____ Lump Sum (full year) _____ Lump Sum (by semester) _____ Monthly (4 payments/sem)

Payment Method: _____ Credit Card _____ Check/Cash

I authorize the MSU Community Music School to charge my credit card (CMS does not keep credit card numbers after they have been charged):

<table>
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<th>Card Number</th>
<th>Exp. Date</th>
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Signature

__________________________

Today’s Date
Confidential Medical Treatment Information/Authorization

Yes No

□ □ Does the student have any chronic health problems or illnesses? ________________________________
______________________________________________________________________________________
□ □ List any medications he or she is now taking for treatment of any medical problem. ______________
______________________________________________________________________________________
Are there any other special needs or concerns CMS should know about the student? ______________________
___________________________________________________________________________________________________

Emergency Contacts in Preferred Calling Order:

Name: ___________________________ Phone:______________________ Relationship:________________
Name: ___________________________ Phone:______________________ Relationship:________________
Name: ___________________________ Phone:______________________ Relationship:________________

Official Medical Treatment Authorization:
I (parent/guardian/adult student), ______________________________ recognize that while attending this program, medical
treatment on an emergency basis may be necessary for my child or myself, and I further recognize that MSU Community
Music School staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance
to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the
expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance
claims and also authorize insurance payment directly to the medical facility.

Signature (Parent/Guardian/Adult Student)       Date

Consent to Participate at CMS (for students under 18 years of age)
I am the parent or legal guardian of ______________________________ and I consent and authorize permission that he/she
is permitted to engage in lessons, classes, performances, and other related activities at the MSU Community Music School. I
understand that I am fully responsible for my student at all times while on the CMS premises.

Signature (Parent or Guardian)         Date

Media Information
CMS uses photography and video to document lessons, classes and events. These photos may be used in brochures,
advertising or public relations activities. Photographs featuring registered students are considered eligible for publication or
public use unless a student (or parent/guardian of a student under age 18) submits a Request for Non-Use form, available
through the Registrar.

Signature (Parent/Guardian/Adult Student)       Date

Approval of Student Policies and Procedures
My signature below indicates that I have received and understand the student policies and procedures of the Michigan State
University Community Music School and I agree to their terms. I understand that if the required signature below is not
received, the student may not attend until a signature is returned, and there will be no refunds for lessons, classes, or ensemble
rehearsals missed due to non-receipt of the required signature.

Signature (Parent/Guardian/Adult Student)       Date