

Application for Tuition Assistance

Mι	ısician's name:				
0r	chestra (circle):	Mozart Players	Amadeus Players	Philharmonia	Youth Symphony
Ins	strument:				
Have you been in any of the Salem Youth Symphony Orchestras before? Yes No If yes, which orchestra and for how long?					
Yo	ur school and scl	nool orchestra d	irector's name:		
Th	e Tuition Assista	nce Committee 1	needs two additiona	l items to evaluat	e your application:
1.	Please attach a letter from your parent or guardian that explains the need for tuition assistance. Please include any special circumstances that the committee should consider when evaluating your application. Also include the amount of tuition assistance you are requesting. (Note that the amount of assistance offered to families is determined by the tuition assistance committee.)				
2.	Please attach any documentation of financial need that you would like the committee to consider, such as eligibility for the federal free or reduced price lunch program. Documentation is optional but might be helpful to demonstrate financial need.				
Ple	ease return to:	Tuition Assista Salem Youth S P.O. Box 1113 Salem, OR 973			
			will evaluate the app of the SYS semester.	lications and dec	cide on tuition
Parent's or guardian's name					Date
—	ow shall we conta	nct you? Please l	ist phone, email, or r	nailing address	