



Salem Youth Symphony

Application for Tuition Assistance 2024-2025

WHAT YOU NEED TO SUBMIT on or before the first rehearsal of the term

- Completed application (both sides)
- First page of the most recent Federal Income Tax Form 1040 of EACH parent/guardian
- First page of Schedule C (if you were required to file it)
- Be sure to black out all social security number and banking information on tax returns.

Musicians should expect to pay a minimum of \$50 in tuition to participate in SYS (families who do not volunteer will be charged an additional \$50 fee per musician). Aid awarded as funds permit.

Musician's Name: _____ Date of Application: _____

Instrument: _____ Musician is: New to SYS Returning to SYS

Which orchestra will you be in: Mozart Players Amadeus Players Philharmonia Youth Symphony

Name of School: _____ Grade in 2024-2025: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #1: _____ Relationship: _____

Employer: _____ Occupation: _____

Parent Email Address: _____ Phone: _____

Parent/Guardian #2: _____ Relationship: _____

Employer: _____ Occupation: _____

Parent Email Address: _____ Phone: _____

Names of other family members participating in SYS: _____

(Continue)

FINANCIAL INFORMATION

Annual gross family income from all sources: \$ _____ Total number in household: _____

Ages of all children living at home, including applicant: _____

SYS Tuition Fees for 2024-2025

Mozart Players: \$300

Amadeus Players: \$380

Philharmonia \$400

Youth Symphony \$420

Please Note: We ask each family to provide at least two hours of volunteer work per musician per year. Families who do not volunteer will be charged an additional \$50 per musician.

How much do you expect to be able to pay towards SYS Tuition for this student? _____

Reminder: Musicians should expect to pay a minimum of \$50 in tuition to participate in SYS

Please include any additional information and/or special circumstances you feel the tuition assistance committee should consider when evaluating your application, including eligibility for the federal free or reduced-price lunch program. Use additional pages, if necessary.

We certify that all information in this application is true and correct. If awarded financial assistance, we agree to participate in SYS for the full 2024-2025 season.

Musician's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Complete the application and attach a copy of the first page of the most recent Federal Income Tax Form 1040 of each parent/guardian. If you filed Schedule C, Profit or Loss from Business, please include a copy of the first page. Please be sure to black out all social security numbers and banking information on tax returns.

Mail to: Tuition Assistance Committee
Salem Youth Symphony
PO Box 1113
Salem, OR 97308