



# Salem Youth Symphony

## Application for Tuition Assistance 2025-2026

### 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.

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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 2025-2026: \_\_\_\_\_

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 2025-2026

Mozart Players: \$325

Amadeus Players: \$400

Philharmonia \$425

Youth Symphony \$450

**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.*

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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 2025-2026 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