CHURCH STREET SCHOOL
FOR MUSIC AND ART
EST. 1990

FINANCIAL AID GUIDELINES

At Church Street School for Music and Art, we believe all students should have access to high-quality music and arts education, regardless of financial circumstances. Financial aid is available to support families who would benefit from assistance.

Financial aid awards are based primarily on **financial need**, along with **student interest, commitment, and (when applicable) teacher recommendation or audition**.

Application Deadlines

- **Fall Semester:** July 1
- **Spring Semester:** December 1

Award Policies

- Financial aid is applied directly to tuition (per class or lesson). No funds are distributed as cash.
- Awards apply only to the approved semester(s) and **do not carry over**.
- Adjustments to lesson length or enrollment may result in changes to the award.
- Awards are reviewed annually and may vary based on funding availability and enrollment.
- While we aim to make programs accessible, families should expect to contribute a portion of tuition or a certain number of volunteering hours whenever possible.

Participation Expectations

Students receiving financial aid are expected to:

- Attend classes and lessons regularly
- Arrive prepared and engaged
- Communicate about absences

If attendance or participation becomes a concern, our team will reach out to offer support and discuss next steps.

Additional Information

- Financial aid does not guarantee future awards.
- Families may be asked to provide additional documentation to verify financial need.
- All financial information is kept **strictly confidential**.
- We recognize that families may face challenges (work schedules, transportation, health, etc.) and encourage open communication so we can support you.

Church Street School for Music and Art does not discriminate on the basis of race, color, nationality, sex, ethnic origin, or religion.

FINANCIAL AID APPLICATION

Student Information

- Student Name _____
- Date of Birth _____
- Address _____
- Phone Number _____
- Email Address _____
- Program(s) Applying For
  _____
- _____
- Semester:
  - ☐ Fall
  - ☐ Spring
  - Year: _____
- If applying for private lessons:
  - Instrument _____
  - Years of Study _____
  - Preferred Lesson Length _____

Parent/Guardian Information

Parent/Guardian 1

- Name _____
- Relationship to Student _____
- Occupation _____
- Employer (optional) _____
- Phone _____
- Email _____

Parent/Guardian 2 (optional)

- Name _____
- Relationship to Student _____
- Occupation _____
- Employer (optional) _____
- Phone _____
- Email _____

Financial Information

- Estimated Total Household Gross Income:
  - ☐ Under $30,000
  - ☐ $30,000–$60,000
  - ☐ $60,000–$70,000
  - ☐ $70,000–$80,000
  - ☐ $80,000–$90,000
  - ☐ $90,000–$100,000
  - ☐ $100,000–$120,000

- Number of people supported by this income: _____

- Has your financial situation changed recently?
  - ☐ Yes
  - ☐ No

  If yes, please explain:

  _____

  _____

- Please describe any significant expenses (medical, educational, housing, etc.) that impact your financial situation:

  _____

  _____

Student Interest & Commitment

- Why are you interested in studying music or art at Church Street School?

  _____

  _____

- What are your goals or hopes for this program?

  _____

  _____

- (Optional) Is there anything else you would like us to know about your situation?

  _____

  _____

Scholarship Request

- Amount you are able to pay per class/lesson (if known): $_____

OR

- Requested level of assistance (if known / optional):
  - ☐ Some assistance
  - ☐ Moderate assistance
  - ☐ Maximum assistance
  - ☐ Not sure

Attachments

- ☐ Teacher Recommendation (if required)
- ☐ Additional financial documentation (if applicable)

Agreement & Signature

Certification Statement:

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that additional documentation may be requested and that financial aid awards are determined based on available funding. I understand that submission of this application does not guarantee financial aid.

- Parent/Guardian Name _____
- Signature _____
- Date _____

TEACHER RECOMMENDATION FORM

Part 1 (Completed by Family)

- Student Name _____
- Program Applying For _____
- Instrument (if applicable) _____
- Years of Study _____
- Current or Previous Teacher Name _____

Part 2 (Completed by Teacher)

Teacher Name: _____
Affiliation (CSSMA or other): _____

How long have you worked with this student?_____

Please describe the student's:

- Commitment and work ethic
  _____
  _____
- Musical/artistic ability (as applicable)
  _____
  _____
- Readiness to benefit from instruction
  _____
  _____

How would financial aid support this student's continued growth?

- _____
  _____

(Attach additional pages if needed)

Signature: _____
Date: _____