

Please submit this application after a Department Coordinator has assigned an instructor and lesson length. Return this application with a \$125 deposit for tuition and the \$45 registration fee. For assistance, please contact the ANMS Office at 617-527-4553 ext. 100.

**(A) Family Information**

Student #1 Name

\_\_\_\_\_ Child Age \_\_\_\_\_  Adult Student

Last \_\_\_\_\_ First \_\_\_\_\_

Length of Lesson:  1/2 hour  3/4 hour  1 hour Instructor \_\_\_\_\_

Class \_\_\_\_\_ Instructor \_\_\_\_\_

Student #2 Name

\_\_\_\_\_ Child Age \_\_\_\_\_  Adult Student

Last \_\_\_\_\_ First \_\_\_\_\_

Length of Lesson:  1/2 hour  3/4 hour  1 hour Instructor \_\_\_\_\_

Class \_\_\_\_\_ Instructor \_\_\_\_\_

1. Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_

2. Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_

**(B) Parent/Guardian Financial Information**

**A. Income**

Parent/Guardian 1 Salary \$ \_\_\_\_\_  
 Parent/Guardian 2 Salary \$ \_\_\_\_\_  
 Bonuses/Commissions \$ \_\_\_\_\_  
 Dividends/Interest \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 Trusts \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 ADC \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**A. Liabilities (Please Itemize)**

1. \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_  
 4. \_\_\_\_\_ \$ \_\_\_\_\_  
 5. \_\_\_\_\_ \$ \_\_\_\_\_  
 Liabilities Total \$ \_\_\_\_\_

**B. Annual Expenses**

Mortgage \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Cash & Certificates of Deposits \$ \_\_\_\_\_  
 Securities \_\_\_\_\_  
 Real Estate \_\_\_\_\_  
 Other \_\_\_\_\_

Dependent children	Age
_____	_____
_____	_____
_____	_____

Total Monthly Income \$ \_\_\_\_\_ Toal Expenses \$ \_\_\_\_\_

**(C) ANMS Financial Aid Application Narrative**

On a separate typed page, please clearly state any extenuating financial circumstances. This will provide the Financial Aid Committee with important information needed to determine the amount of financial aid awards. The All Newton Music School is determined to fulfill our mission of *Music for All*.

The Financial Aid Committee will not consider your application without the narrative.

**(D) Applicant Signature(s)**

Please sign below, affirming to us that the information you have provided to us is true, complete and accurate.

Applicant Signature(s) \_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relationship to Student \_\_\_\_\_

The information on this form determines whether the applicant meets our criteria for financial aid. It is essential that all information on this application be accurate. Aid is based on financial need. Your thoroughness and honesty is essential in order to assure the best use of very limited financial aid funds. This information will be kept in the strictest confidence. Please submit this application after being assigned a teacher and lesson length by a Department Coordinator. Return this application with a \$125 deposit for tuition and the \$45 registration fee. For assistance, please contact the ANMS Office at 617-527-4553 ext. 100.