

Financial Assistance
Puget Sound Youth Wind Ensemble

Student Name: _____

Parent/Guardian Name(s): _____

Contact Phone Number: _____

(please check all applicable boxes)

I am applying for a payment schedule

I am applying for tuition assistance

Payment Schedule

Please explain how you would like to make your tuition payments (For example: "I can pay \$100 each month for 4 months and the rest on the 5th month. We will pay on the first rehearsal of each month.")

Tuition Reduction

Combined household income from all sources:

___ 20,000-45,000 ___ 45,000-65,000 ___ 65,000-85,000 ___ above 85,000

Total number of dependents in student's household: _____

What amount do you believe you could contribute towards your student's tuition:

___ 75% ___ 50% ___ 25% ___ 0% ___ Other:

Please explain any items or extraordinary circumstances which further support your need for financial assistance:

Signed: _____ Date: _____

Please return to a board member at the next rehearsal