

Music at Port Milford Financial Aid Application

Partial scholarships (bursaries) are available for Music at Port Milford based on demonstrated financial need. Preference will be given to applications received before April 1st.

In order for us to distribute our limited funds fairly to all applicants, we need to have some information about your household's financial resources, as well as your obligations (see below). Be assured that all information you send will be held in the strictest confidence.

Please include with this completed application:

1. Copy of most recently complete tax forms.
2. Teacher's letter of recommendation, if not previously submitted.
3. Link to audition recordings, if not previously submitted.

In order to be considered, all financial aid applicants must complete their online MPM registration for the current year.

Student Information

Student's name: _____ Instrument: _____ S.I. or S.S. # _____

Years of study: _____ Date of Birth: _____ Grade in School: _____

Parent/Guardian Information

Parent (A) Name: _____ Parent (B) Name: _____

Parent (A) Address: _____ Parent (B) Address: _____

Parent (A) Telephone: _____ Parent (B) Telephone: _____

Parent (A) Occupation: _____ Parent (B) Occupation: _____

Parent (A) Employer and Address: _____ Parent (B) Employer and Address: _____

Parent (A) Annual Income:
less than \$25,000 ___; \$25,000-\$35,000 ___;
\$35,000-\$50,000 ___; \$50,000-\$70,000 ___;
\$70,000-\$90,000 ___; over \$90,000 ___.

Parent (B) Annual Income:
less than \$25,000 ___; \$25,000-\$35,000 ___;
\$35,000-\$50,000 ___; \$50,000-\$70,000 ___;
\$70,000-\$90,000 ___; over \$90,000 ___.

Household Information

Siblings and other dependents in family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Special Circumstances

Please let us know of any special circumstances we should be aware of in considering your application including college or school tuition, medical expenses, etc. Include proof of above where applicable.

I certify that the above information is accurate _____

(date and signature of parent/guardian)

Send completed application, along with accompanying materials, to Meg Hill

by email: director@musicatportmilford.org

OR

by post:

Music at Port Milford

c/o Meg Hill

20 Ashpohtag Rd

Norfolk, CT 06058

USA