



## Confidential Financial Aid Form 2021-2022

***All information is held in Strict Confidence.***  
***WCMS reserves the right to request additional verification of any information provided.***  
***Please complete all entries. Only one student per form please. If not applicable, please mark N/A***

Student Information:  continuing student       new student

Student Name	<input type="text"/> Last	<input type="text"/> First	<input type="text"/> Initial		
Address	<input type="text"/> Number and Street		<input type="text"/> Town/City	<input type="text"/> State	<input type="text"/> ZIP
Telephone	<input type="text"/> Home	<input type="text"/> Cell	<input type="text"/> Work/School		
E-Mail Address	<input type="text"/>				
School	<input type="text"/> School Name		<input type="text"/> Location/town		
School Grade	<input type="text"/> K-12	<input type="text"/> Post-secondary			
Date of Birth	<input type="text"/> Month-Day-Year				
Enrolling in:	<input type="text"/> WCMS Activity, lessons, ensemble, etc				

***If Student is under 18, please complete this section:***

Parent/Guardian #1  
Information:

Name	<input type="text"/> Last	<input type="text"/> First	<input type="text"/> Initial		
Marital Status:	<input type="text"/>				
Address	<input type="text"/> Number and Street		<input type="text"/> Town/City	<input type="text"/> State	<input type="text"/> ZIP
E-Mail Address	<input type="text"/>				
Telephone	<input type="text"/> Home	<input type="text"/> Cell	<input type="text"/> Work/School		
Employment Info	<input type="text"/> Employer	<input type="text"/> Position/Occupation			
Employer Address	<input type="text"/> Number and Street		<input type="text"/> Town/City	<input type="text"/> State	<input type="text"/> ZIP

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**Parent/Guardian #2  
Information:**

Name	[ ] Last	[ ] First	[ ] Initial
Marital Status:	[ ]		
Address	[ ] Number and Street		[ ] Town/City
		[ ] State	[ ] ZIP
E-Mail Address	[ ]		
Telephone	[ ] Home	[ ] Cell	[ ] Work/School
Employment Info	[ ] Employer	[ ] Position/Occupation	
Employer Address	[ ] Number and Street		[ ] Town/City
		[ ] State	[ ] ZIP

**Please List Gross Income (Before Taxes) for each employed household member**

**Salary/earnings Information:**

<b>Name of earner:</b>	[ ] Last	[ ] First	
<b>Gross Income</b>	[ ]		
<b>Payment interval</b>	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other_____		
<b>Name of earner:</b>	[ ] Last	[ ] First	
<b>Gross Income</b>	[ ]		
<b>Payment interval</b>	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other_____		
<b>Name of earner:</b>	[ ] Last	[ ] First	
<b>Gross Income</b>	[ ]		
<b>Payment interval</b>	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other_____		
<b>Name of earner:</b>	[ ] Last	[ ] First	
<b>Gross Income</b>	[ ]		
<b>Payment interval</b>	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other_____		

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**Household INCOME  
from all other  
sources:**

	Dollar Amount:	How often?		
Rental income	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Retirement	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Social Security	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Unemployment, SSI, TANF	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Alimony	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Child Support	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Investment income	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Company paid benefits (e.g. car)	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Other income	<input type="text"/>	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly

**Monthly Household  
EXPENSES:**

*(Monthly Amount,  
please)*

Mortgage/rental	<input type="text"/>
Alimony payments	<input type="text"/>
Child Support payments	<input type="text"/>
Car payment	<input type="text"/>
Unreimbursed Medical expenses	<input type="text"/>
Insurance costs: Health Auto Home	<input type="text"/>
Utilities (if not included in rent): gas/oil electric water phone cable/internet	<input type="text"/>

**Monthly  
Household  
EXPENSES:**

*(Monthly Amount,  
please)*

Day Care	<input type="text"/>
Tuition	<input type="text"/>
Real estate taxes	<input type="text"/>
DOR Payments (Dept. of Revenue)	<input type="text"/>
Lien Payments	<input type="text"/>
Wage garnishment	<input type="text"/>
Other unusual expenses	<input type="text"/>

Name of School:

Please explain:

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**Please include all individuals supported by the income listed above.**

Total number of household members (include yourself):	<input type="text"/>		
Number of children under 18	<input type="text"/>		
Other dependents - please list by relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>

How much do you feel you can reasonably afford to pay in the upcoming semester? <i>Must indicate an amount for form to be processed.</i>	\$ <input type="text"/>	<i>Note: If multiple students in family, indicate how much per student, not in total. WCMS can arrange a payment plan to assist you in the budgeting of this expense.</i>
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**Reasons for request of financial aid.** Please provide any additional information you would be willing to share that will help the Scholarship Committee determine the amount of aid required. (Attach a separate sheet if needed)

**Please indicate if your child eligible for:**       Free meals at school       reduced-price meals at school

Is your family eligible for food stamps, WIC, or SNAP? Please list	<input type="text"/>
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**I affirm that all information provided in this application for financial aid is correct and true to the best of my knowledge.**

<input type="text"/>	<input type="text"/>
Signature of parent/guardian or applicant if over 18	Date

<input type="text"/>
Printed name of parent/guardian or applicant if over 18

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