



Confidential Financial Aid Form 2023-2024

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"/>	<input type="text"/>	<input type="text"/>		
	Last	First	Initial		
Address	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number and Street		Town/City	State	ZIP
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Home	Cell	Work/School		
E-Mail Address	<input type="text"/>				
School	<input type="text"/>		<input type="text"/>		
	School Name		Location/town		
School Grade	<input type="text"/>	<input type="text"/>			
	K-12	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"/>	<input type="text"/>	<input type="text"/>		
	Last	First	Initial		
Marital Status:	<input type="text"/>				
Address	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number and Street		Town/City	State	ZIP
E-Mail Address	<input type="text"/>				
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Home	Cell	Work/School		
Employment Info	<input type="text"/>	<input type="text"/>			
	Employer	Position/Occupation			
Employer Address	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number and Street		Town/City	State	ZIP

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Parent/Guardian #2
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

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

Salary/earnings Information:

Name of earner:	<input type="text"/> Last	<input type="text"/> First
Gross Income	<input type="text"/>	
Payment interval	<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_____	
Name of earner:	<input type="text"/> Last	<input type="text"/> First
Gross Income	<input type="text"/>	
Payment interval	<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_____	
Name of earner:	<input type="text"/> Last	<input type="text"/> First
Gross Income	<input type="text"/>	
Payment interval	<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_____	
Name of earner:	<input type="text"/> Last	<input type="text"/> First
Gross Income	<input type="text"/>	
Payment interval	<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:	<input type="text"/>
Health	
Auto	
Home	
Utilities (if not included in rent):	<input type="text"/>
gas/oil	
electric	
water	
phone	
cable/internet	

**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):

Number of children under 18

Other dependents - please list by relationship

How much do you feel you can reasonably afford to pay in the upcoming semester?

Must indicate an amount for form to be processed.

\$

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.

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

I affirm that all information provided in this application for financial aid is correct and true to the best of my knowledge.

Signature of parent/guardian or applicant if over 18

Date

Printed name of parent/guardian or applicant if over 18

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