



Please type or print legibly. **Attach most recent Federal tax form 1040.** Incomplete applications will not be reviewed.

**PART 1:  
Student Information**

New Financial Aid Application       Returning Financial Aid Applicant

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with     Mother     Father     Both     Other \_\_\_\_\_

Academic School \_\_\_\_\_ Grade (21-22) \_\_\_\_\_

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Parent/Guardian 1 Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail (home) \_\_\_\_\_ E-mail (work) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

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Parent/Guardian 2 Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail (home) \_\_\_\_\_ E-mail (work) \_\_\_\_\_

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Name of Parent(s) Who Claim(s) Child on Income Tax: \_\_\_\_\_

Lesson or Program Registered for at Community Music School: \_\_\_\_\_ Teacher \_\_\_\_\_

Private Lessons (circle one)    30 min    45 min    1 hour

Has your child ever received financial assistance from Lawrence Community Music School?      \_\_\_\_ Yes    \_\_\_\_ No

Does your child participate in music classes at a school, business, or institution other than Lawrence Community Music School? If so, please list school or institution and courses:      \_\_\_\_ Yes    \_\_\_\_ No

My child will qualify for free or reduced lunch in 2021-2022.  
(A copy of the school district's certification letter will be required in October, 2021)      \_\_\_\_ Yes    \_\_\_\_ No

I will apply for or receive St. Francis Xavier Christmas Stars Fine Arts Scholarship funds.      \_\_\_\_ Yes    \_\_\_\_ No

I will apply for or receive the Les and Dar Stumpf Youth Arts Scholarship.      \_\_\_\_ Yes    \_\_\_\_ No

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(over) →



**PART 2:**

What is the total number of individuals within your household including yourself, for whom you are financially responsible?	
If your child is applying for financial aid to enroll in individual lessons, please indicate the total amount you are able to pay for one full 16-week semester of individual lessons. <i>Do not leave this field blank if enrolling in lessons.</i>	\$
If your child is applying for financial aid to enroll in a class or ensemble, please indicate the total amount you are able to pay for a class or ensemble. <i>Do not leave this field blank if enrolling in ensembles or classes.</i>	\$
What is the <b>annual adjusted gross income of the person(s) who, on their income taxes, claims as a dependent the student listed on this form?</b> (Line 8b on form 1040) <b>Most recent federal form 1040 must be included with application.</b> If you did not file taxes this year, please indicate your total yearly household income.	\$
Do you receive any other income to support the child for whom you are requesting financial aid? If so, please indicate the dollar amount you receive on a monthly basis and check the appropriate sources below:  <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment <input type="checkbox"/> Food stamps <input type="checkbox"/> Child support <input type="checkbox"/> Welfare/public aid <input type="checkbox"/> Housing allowance (clergy, etc) <input type="checkbox"/> Other _____	\$

The financial aid committee will also take into consideration any special circumstances regarding your current family or financial situation. Please add any comments below that you feel would be important to consider when reviewing your application. Feel free to include a separate letter with your application if you need more room.

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**PART 3:**  
**Signature (required)**

My/our signature(s) below guarantee that **all of the information submitted is true and correct.**

Signature(s) of Parent(s) / Guardian(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Submit completed form **with most recent Federal form 1040** to:

*Mailing address:*  
Karen Bruno, director  
Lawrence Community Music School  
711 East Boldt Way

*Building address if you will personally deliver form to Community Music School:*  
Lawrence Community Music School  
100 West Water Street  
Appleton, WI  
\*A secure mail slot is available 24 hours/7 days a week.



**PART 4:  
Teacher Recommendation**

**Instructions to student:**

- Please fill out the top portion of this form and give to your teacher.
  - If you are new to the Lawrence Community Music School, please give this to your school music teacher.
  - If you are a current Community Music School student, please give this to your Community Music School teacher.
  - If you are home schooled, give to an adult who is not related to you to complete and return.
- Your application is not complete without this form.
- Continuing LAM students must have **all application materials** in to the office by **June 18** in order to be considered for tuition assistance.
- **Program registration must be completed by June 18** in order to be considered for tuition assistance.

School Music Teacher

Lawrence Community Music School Teacher (required of all continuing students)

**Student Name** \_\_\_\_\_

**Teacher Name** \_\_\_\_\_

**Instrument** \_\_\_\_\_

Private Lesson Length (circle one)    None    30 min    45 min    1 hour

Ensemble (if applicable) \_\_\_\_\_

**Please rate this student on the following traits, using this scale:**

1- very poor    2-poor    3- average    4-usually good    5- excellent    N/A-not observed

1. Commitment to musical instrument or study: \_\_\_\_\_

2. Effort in lessons: \_\_\_\_\_

3. Practice habits: \_\_\_\_\_

4. Overall attitude: \_\_\_\_\_

5. Regular attendance of lessons/rehearsals: \_\_\_\_\_

6. In your opinion, is the student overcommitted in other areas? (Y/N) \_\_\_\_\_

*Please explain:*

*Please use the back of this form for any additional information you wish to share about this student.*

Teacher Signature: \_\_\_\_\_

Date \_\_\_\_\_

Submit completed form to:

*Mailing address:*  
Karen Bruno, director  
Lawrence Community Music School  
711 East Boldt Way  
Appleton WI 54911

*Building address if you will be delivering form to Community Music School:*  
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