

**BERKSHIRE MUSIC SCHOOL  
FINANCIAL AID APPLICATION**

**PERSONAL INFORMATION:**

Name(s) of student(s): \_\_\_\_\_ Name(s) of guardian(s): - \_\_\_\_\_

Age(s): \_\_\_\_\_ Instrument(s): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Full Tuition Amount: \$ \_\_\_\_\_

Instrument Rental: + \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**FINANCIAL INFORMATION**

Total Family Income (Gross) last year \$ \_\_\_\_\_ Anticipated Family Income (Gross) this year \$ \_\_\_\_\_

Child support payments received per year \$ \_\_\_\_\_

Number of people in family: children (under 18) \_\_\_\_\_ Adults \_\_\_\_\_

Place(s) of employment: \_\_\_\_\_

Other sources of family income/financial aid: \_\_\_\_\_

Educational/Medical expenses last year \$ \_\_\_\_\_ Anticipated Education/ Medical Expenses this year \$ \_\_\_\_\_

Please explain: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES:**

On a separate piece of paper, please provide information regarding other special circumstances you think should be considered in evaluating your family's need.

**I hereby certify that the above information is accurate**

Signature of applicant (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian (if applicant under 18) \_\_\_\_\_ Date \_\_\_\_\_