

AYPO

American Youth Philharmonic Orchestras

2024-2025 Season Financial Aid Application

Please submit only one application if you are applying for financial aid for more than one musician.

Musicians who wish to apply for financial aid must:

1. Complete this form
2. Attach the following items to this form
 - a. A copy of your family's 2023 Income Tax Return (i.e. Form 1040)
 - b. A written explanation from the parent/guardian addressing their financial situation. Please detail any extenuating circumstances or factors that you feel are relevant (please list only first names and last initial for anonymity).
 - c. **AND** A written explanation from the musician explaining why they would like to participate in AYPO. If two or more musicians in one family are applying for financial aid, each musician should submit their own explanation (please list only first name and last initial for anonymity). **This is separate from the parent/guardian letter.**
 - d. OPTIONAL: Please share any financial assistance your family receives, if applicable (i.e. TANF, SNAP, Medicaid, Free/Reduced Price School Meals, Unemployment Benefits, etc.)
3. Return this form with the attachments listed above by **September 1st, 2024**, using only one of the following methods:
 - a. Email: tuition@aypo.org (Please type "2024 Financial Aid Application" in the subject line)
 - b. Or Mail: AYPO Scholarships, Fred M. Packard Center, 4026 Hummer Road, Annandale, VA 22003. All applications must be received by September 1st.

Please provide the following information:

Musician First and Last Name: _____

Orchestra or Ensemble (AYP, AYSO, AYS, AYCO, AYSE, AYDO, AYPS, and/or ensemble): _____

Instrument: _____

Grade: _____

Cost of private music lessons: \$_____ per lesson

Estimated 2024 Household Income: \$_____

Child support received, if any (2024 total): \$_____

Actual 2023 Household Income: \$_____

Child support received, if any (2023 total): \$_____

Number of dependents, if any (2023): _____

Please share any financial assistance received, if applicable (i.e. TANF, SNAP, Medicaid, Free/Reduced Price School Meals, Unemployment Benefits, etc.) _____

If you have more than one musician in the AYPO program, please provide their information on Page 2.

Applications received after the deadline will be reviewed by the Financial Aid Committee, but funds may be limited. Every effort is made to grant assistance to those most in need. All information is held in confidence and reviewed only by the Financial Aid Committee. Contact tuition@aypo.org for questions.

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Musician #2:

Musician First and Last Name: _____

Orchestra or Ensemble (AYP, AYSO, AYS, AYCO, AYSE, AYDO, AYPS, and/or ensemble): _____

Grade: _____

Instrument: _____

Cost of private music lessons: \$_____ per lesson

Musician #3:

Musician First and Last Name: _____

Orchestra or Ensemble (AYP, AYSO, AYS, AYCO, AYSE, AYDO, AYPS, and/or ensemble): _____

Grade: _____

Instrument: _____

Cost of private music lessons: \$_____ per lesson

I hereby declare that all the information provided in this form and attached documents is true and correct to the best of my knowledge.

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

Please return this form along with all required attachments by September 1st.

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