

Triangle Music School Application for Individual Lesson Financial Aid

Applying for aid for the 20__ - 20__ school year.



Scholarships are available for demonstrated financial need. To renew aid, an end-of-term assessment will occur between student, teacher, and director. With appropriate attendance, attitude, and progress, scholarships will be renewed.

Student Information: *Please list all children in your household, dates of birth, and TMS activities for which they are registered (if any).*

Name _____	D.O.B. _____	TMS lesson/class _____
Name _____	D.O.B. _____	TMS lesson/class _____
Name _____	D.O.B. _____	TMS lesson/class _____
Name _____	D.O.B. _____	TMS lesson/class _____

Total # of people in your household _____

Parent/Guardian 1 name: _____

mailing address: _____

City _____ State _____ Zip Code _____

Parent/Guardian 1 physical address (if different from above: _____

City _____ State _____ Zip Code _____

Primary phone _____ Text ok? YES NO

E mail _____

Parent/Guardian 2 name: _____

mailing address: _____

City _____ State _____ Zip Code _____

Parent/Guardian 1 physical address (if different from above: _____

City _____ State _____ Zip Code _____

Primary phone _____ Text ok? YES NO

E mail _____

Parent/Guardian(s) financial Information

Parent/Guardian 1 name:

Parent/Guardian 2 name:

Employer: _____

Employer: _____

Employer phone: _____

Employer phone: _____

Scholarship request: Full (for 2023-24 year, tuition for weekly 30 minute lessons is \$125/month)

Partial - please list amount of funding requested per month: _____

Income verification: Select at least 1 option below and provide appropriate forms or verifications. Thank you for marking through any tax identification numbers. Additional information may be requested.

___ Earnings statement: please provide a copy of your most recent tax return, W-2, or pay stubs.

___ Affiliation or participation with any of these support organizations (check all that apply) and proof of support:

- Free & Reduced Lunch Program SNAP TANF Family Success Alliance TABLE
- Food Distribution Program on Indian Reservations (FDPIR) NC Health Choice for Children
- Blue Ribbon Mentor-Advocate Program (BRMA) Refugee Support Center (RSC) PORCH
- Inter-Faith Council for Social Service (IFC) UNC Horizons Communiversity OCIM

Please indicate any special reason for requesting financial aid not reflected in documentation (ok to use additional paper)

Name of parent/guardian submitting application: _____

By signing this document, I agree to the terms and conditions of scholarship renewal.

Submitter signature _____ Date _____

Please bring completed form and documentation to the Triangle Music School Office or mail to:
Triangle Music School, ATTN: Jennifer Hancock, 4815 Hillsborough Road, Durham NC 27705

All information will remain confidential.

If you have questions, please contact us by phone at 919-309-9834 or email jenn@trianglemusicschool.com