

Financial Aid Application Chamber Music Madness programs

This information will be kept strictly confidential, but is needed to make a fair evaluation.

Student Name: _____

Instrument _____

Have you participated in previous CMM programs? yes no

If yes, Which? _____

Years of participation in orchestra:

Years of private study:

Special honors in performance over the last few years: (List years membership for each)

Number of adults in household: _____

Number of dependents including scholarship student applicant: _____

Household income as reported to the IRS in most recent tax year:

Below \$20,000 _____ \$30,000-\$39,000 _____ \$50,000 or above _____

\$20,00-29,000 _____ \$40,000-\$49,000 _____

Have you received financial aid from CMM before?

Previous Award amount: _____

What is the maximum amount you could you contribute to the total fee?

(Please put a dollar amount or a percentage) _____

Are there any special circumstances to be considered in your child's application? _____

Student Applicant Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Please send to
Chamber Music Madness
PO Box 27164 Seattle, WA 98165
