



# Financial Assistance Request

August 2017-May 2018

To apply for financial assistance for your singer(s), carefully complete, sign, and return this application to the Executive Director. The Board of Directors will consider the application, and the Executive Director will notify the family of the decision. **All Tuition Assistance Requests remain confidential and are presented anonymously to the MMI Board of Directors.**

## Section 1

Name of Singer(s) Applying	TANF Case # (if applicable)	SNAP Case # (if applicable)	# of Months Assistance rec'd (if app)

**SNAP HOUSEHOLDS OR TANF RECIPIENTS:** If you are **currently** receiving TANF or SNAP for your singer(s), enter his/her case numbers where requested above. Case numbers must be current and active. **On the back, sign the application and indicate your desired monthly contribution, then return it to the Executive Director.** (You do not need to complete section 2 below.)

**ALL OTHER HOUSEHOLDS:** Please **complete** the following information, **sign** the application and **return** it to the Executive Director, **attaching a copy of your most recent tax return.** Applications will be marked incomplete and may not be considered if the tax return is not included (for income verification purposes) or if sections are left blank.

## Section 2

<u>LIST ALL HOUSEHOLD MEMBERS</u>			<u>AVG MONTHLY EXPECTED INCOME</u>				
Name	Age	Male / Female	Net Monthly Earnings from Work <b>(AFTER Deductions)</b>	Monthly Welfare Payments, Child Support	Monthly Pensions, Retirement, Social Security	All Other Income, i.e. interest, dividends, lottery.	<b>Total</b> Monthly Income from all sources per family member
1.			\$	\$	\$	\$	\$
2.			\$	\$	\$	\$	\$
3.			\$	\$	\$	\$	\$
4.			\$	\$	\$	\$	\$
5.			\$	\$	\$	\$	\$
6.			\$	\$	\$	\$	\$
FULL FAMILY TOTAL MONTHLY INCOME \$ _____							

**LIST ALL MONTHLY EXPENSES** (based on an average month)

Home mortgage or rent	\$ _____
Auto and home equity loans	\$ _____
Credit cards and other loans	\$ _____
Insurance premiums (home, auto, life, medical)	\$ _____
Utilities	\$ _____
Food and clothing	\$ _____
Entertainment	\$ _____
Medical and dental expenses (not paid by insurance)	\$ _____
Other home/apartment maintenance	\$ _____
Other activities (lessons for children) music, etc.	\$ _____
Charitable contributions	\$ _____
Other (please list)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	\$ _____

**Please include a narrative explaining specific reasons for your need (attach a separate page if necessary).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY ALL APPLICANTS:**

**What is the amount that you feel your family could reasonably contribute for CoroRio each month?** \_\_\_\_\_

I certify that all the above information is true and correct, that all income is reported and/or the SNAP or TANF case number is reported correctly. I understand that this information is being given as application for the receipt of financial assistance and that choir staff may verify the information. **This is only an application for assistance for a portion of the fees. You are obligated to pay any fee remaining if financial assistance is awarded.**

SIGNATURE: \_\_\_\_\_  
Financially responsible adult

\_\_\_\_\_  
Printed name of adult above

\_\_\_\_\_  
Date Signed

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_