CRESCENDO YOUNG MUSICIAN'S GUILD





STUDENT INFORMATION				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	ZIP		
Phone	E-mail Address			
Current School/Grade				

PARENT/GUARDIAN INFORMATION		
Last Name	First Name	
Telephone	Email	
Last Name	First Name	
Telephone	Email	

HOUSE HOLD INFORMATION		
Full Name	Relationship	

HOUSEHOLD GROSS INCOME INFORMATION (IF COMMISSION BASED, PLEASE AVERAGE)				
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Name	Weekly Income \$	Monthly Income \$		
Other Income	Weekly Total \$	Monthly Total \$		
Totals	Weekly Total \$	Monthly Total \$		
Yearly Total				

Please provide the following documents as applicable.

Household's Form 1040(EZ) from the previous year

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

Welfare Payments: Benefit letter from the CA TANF office.

 ${\it Child \, Support \, or \, Alimony:} \, {\it Court \, decree, \, agreement, \, or \, copies \, of \, checks \, received.}$

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.

No income: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

Timeframe of Acceptable Income Documentation: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

AUTHORIZATION BY PARENT OR GUARDIAN

I certify that my answers are true and complete to the best of my knowledge, and that that I will provide any documentation necessary to verify all the information herein.

I understand that false or misleading information in my application may lead to the discontinuation of subsidized tuition and that any assistance previously given will be charged and due immediately.

Full Name	Last 4 Digits of SSN (or N/A if no #)
Full Name	Last 4 Digits of SSN (or N/A if no #)
Signature	Date
Signature	Date