

Financial Aid Application Fall '25 / Spring '26 / Summer '26

I. STUDENT INFORMATION

Student Name			Age
Instrument	Years F	Played	
FWYO Program(s):			
☐ Philha☐ String☐ Jr. Str☐ Wind☐ Jr. Win☐ FWYC	outh Orchestra armonic Orchestra Orchestra ing Orchestra Ensemble and Ensemble D Jazz ber Music Program		FWYO Suzuki Lessons 60 min + Group 45 min + Group 30 min + Group 60 min only 45 min only
Primary Address			
City		State	Zip
Primary Phone	Email_		
School/District attend	ling during the 25/26 sc	chool year:	
Current GPA or avera	age letter grades:		
Has this student ha expulsion?	d any disciplinary acti		ol that resulted in suspension o
If yes, please	explain:		
ls this student parti	cipating in their school	ol music progra	am?
	□Yes □N	o □Not offe	red
If yes, for how	v many years? If no, ple	ease explain:	
Is this student curre	ently taking private les	ssons?	□Yes □No
If yes, for how	v many years? If no, ple	ease explain:	

Has thi	s student been selected for an All-Region, Area, or All-State ensemble?
	☐Yes ☐Yes - but on other instrument/choir ☐No
I	If yes, please list ensemble, state, years, and instrument(s) below:
-	
Please	list other auditioned experiences & accolades this student has been selected for:
	II. PARENT/GUARDIAN INFORMATION
Parent/0 ☐ Marr	Guardian Marital Status: ied □ Divorced □ Separated □ Widowed □ Single □ Prefer not to say
□ Othe	r, please describe
	Parent/Guardian No. 1 Information
Parent/0	Guardian No. 1 Name
Primary	Address (if different from student)
City	StateZip
	PhoneEmail
	level of education completed
	Parent/Guardian No. 2 Information (Optional)
Parent/0	Guardian No. 2 Name
Primary	Address (if different from student)
City	StateZip
	PhoneEmail
Highest	level of education completed

III. FINANCIAL INFORMATION

III-a. Monthly Income

Please list the monthly income of all household individuals:

Name	Occupation	Years Employed	Gross Monthly Income
	Subtotal of Earned	d Family Income:	
Income from child support, alimony, other support from family:			
Income from stocks, bonds, securities, trusts, capital gains, and/or real estate:			
	Income from Social	Security benefits:	
	uities or pensions:		
Other income	(specify)	:	
TOTAL MONTHLY INCOME:			
	III-b. Monthly Expe	nses	
Living expense (food, clothing, personal care, transportation, etc):			
Housing expense (mortgage, rent, property tax, insurance, etc):			
Auto payments:			
Utilities (electric, gas, water, internet, phone, etc):			
Insurance payments (health, auto, life, etc):			
8	Savings/funds (retirement, colleg	ge, rainy day, etc):	
Other e	expenses (charities, tuitions, etc	– please specify):	
	TOTAL MONT	HLY EXPENSES:	

Has your family received F		cial aid in the nast? □Yes □No	
Please describe any addition	onal housel	hold circumstances that support this request:	
Do you own real estate?	□Yes	□No	
How many dependents (ch	ildren and/	or adults) reside in the household?	

Please select the amount you are able to pay for the 2024-2025 season (circle one in each category, if applicable). Please note, payment plans are available for any balance:

FWYO Groups	Full Price	25% Off	50% Off	75% Off	Full Ride
The Youth Orchestra - you pay for year:	\$765	\$574	\$383	\$191	\$0
Philharmonic Orchestra - you pay for year:	\$655	\$491	\$328	\$164	\$0
Wind Ensemble - you pay for year:	\$630	\$472.50	\$315	\$157.50	\$0
String, Jr. String, Jr. Wind - you pay for year:	\$555	\$416.25	\$277.50	\$138.75	\$0
FWYO Jazz - you pay for year:	\$525	\$393.75	\$262.50	\$131.25	\$0
Chamber - you pay for year:	\$485	\$363.75	\$242.50	\$121.25	\$0
FWYO Suzuki	Full Price	25% Off	50% Off	75% Off	Full Ride
60-minute lessons + group - you pay for year:	\$2900 (\$1800 cap)	\$2175 (\$1800 cap)	\$1450	\$725	\$0
45-minute lessons + group - you pay for year:	\$2420 (\$1800 cap)	\$1815 (\$1800 cap)	\$1210	\$605	\$0
30-minute lessons + group - you pay for year:	\$1800	\$1350	\$900	\$450	\$0
60-minute lessons only - you pay for year:	\$2675 (\$1800 cap)	\$2006.25 (\$1800 cap)	1337.50	\$668.75	\$0
45-minute lessons only - you pay for year:	\$2130 (\$1800 cap)	\$1597.50	\$1065	\$532.50	\$0

Amounts do not include the \$40 application/registration fee that is generally not included in financial aid packages.

IV. STATEMENT OF NEED

By signing below, we certify that the information contained in this application is true and complete to the best of our knowledge and belief.

By submitting this form, we are identifying ourselves as in need of limited financial assistance and, without financial aid, we would be unable to afford to participate in FWYO programs and/or participation would stretch our resources and affect our ability to continue offering a full and complete musical education to all our children.

OPTIONAL: You may attach a letter to explain your need.

Signature of Parent/Guardian	Date
ATTACH THE FIRST TWO PAGES OF YOUR ALL INFORMATION WILL BE KEPT STR	
Other Notes (you may attach a letter to explain your	need as well):