



## Financial Aid Application

It is essential that all information on this application be accurate, complete and submitted before the deadline for each semester. Your thoroughness and honesty will allow us to assure the best use of limited financial aid funds. All information provided will be confidential. Please call the Conservatory at 781-749-7565 x27 with any questions. .

### I. Student Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Campus Location: \_\_\_\_\_

Lesson or Class seeking Aid for: \_\_\_\_\_

Previous Studies at SSC (Classes/Instructors/# of Years): \_\_\_\_\_

### II. Parent/Guardian Information

#### 1. Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_

#### 2. Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Dependent Children and Ages:

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

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

**III. Financial Information**

**Family Assets**

Cash & Certificates of deposits: \$ \_\_\_\_\_  
 Stocks/  
 Mutual Funds: \$ \_\_\_\_\_  
 Real Estate: \$ \_\_\_\_\_  
  
 Automobile(s): \$ \_\_\_\_\_  
  
 Other: \$ \_\_\_\_\_

**Family Liabilities** (please itemize – e.g. mortgage, car loan, student loan, etc.)

Item	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

**Total Family Assets:** \$ \_\_\_\_\_

**Total Family Liabilities:** \$ \_\_\_\_\_

**Annual Income**

Parent1/Guardian Salary: \$ \_\_\_\_\_  
 Parent2/Guardian Salary: \$ \_\_\_\_\_  
  
 Bonuses/Commissions: \$ \_\_\_\_\_  
 Dividends/Interest: \$ \_\_\_\_\_  
  
 Real Estate: \$ \_\_\_\_\_  
  
 Alimony: \$ \_\_\_\_\_  
  
 Child Support: \$ \_\_\_\_\_  
  
 Social Security: \$ \_\_\_\_\_  
  
 AFDC: \$ \_\_\_\_\_  
  
 Other (please explain): \$ \_\_\_\_\_

**Annual Expenses**

Mortgage/Rent: \$ \_\_\_\_\_  
 Federal Tax: \$ \_\_\_\_\_  
  
 State Tax: \$ \_\_\_\_\_  
 Property Tax: \$ \_\_\_\_\_  
  
 Student Loan: \$ \_\_\_\_\_  
  
 Auto Loan: \$ \_\_\_\_\_  
  
 Medical Expenses: \$ \_\_\_\_\_  
  
 Other (please explain): \$ \_\_\_\_\_

**Total Annual Income:** \$ \_\_\_\_\_

**Total Annual Expenses:** \$ \_\_\_\_\_

**In addition to this financial aid application, please include the following items:**

1. On a separate sheet, please give us your reasons for applying for financial aid.
2. A signed copy of your most recent IRS 1040 tax return

**Please note that your application will not be considered unless the three items are received by the Conservatory prior to each Semester's deadline.**

I understand that South Shore Conservatory seeks to award financial assistance to those whose needs are greatest and does not discriminate in matters of race, color, sexual orientation, national or ethnic origin. To the best of my knowledge, the information given on this application is correct. All financial information will be regarded as strictly confidential by the Financial Aid Committee. The Committee reserves the right to ask for additional support information.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Thank you for your accurate and complete disclosure of financial information.**