

HOFF-BARTHELSON MUSIC SCHOOL 2019-20 FINANCIAL AID PROGRAM OVERVIEW

It is the basic philosophy of the Hoff-Barthelson Music School (HBMS) that no student who shows commitment to his or her study of music should be deprived of being able to attend HBMS solely because of inability to pay tuition or other charges.

Eligibility

Hoff-Barthelson Music School welcomes need-based financial aid applications for students of all ages and levels of advancement from families with household incomes up to three times (300%) of New York State’s 2018-19 Reduced Price Lunch Eligibility levels, as shown below:

2018-19 NYS Reduced Price Eligibility Scale		HBMS Financial Aid Eligibility
Household Size	Maximum Annual Household Income	Maximum Annual Household Income
1	\$22,459	\$67,377
2	\$30,451	\$91,353
3	\$38,443	\$115,329
4	\$46,435	\$139,305
5	\$54,427	\$163,281
6	\$62,419	\$187,257
7	\$70,411	\$211,233
8	\$78,403	\$235,209
Each Add'l person add	\$7,992	\$23,976

Factors Influencing Award Decisions: Need, Commitment, and Contribution to the HB Community

Decisions regarding the amount of aid awarded are based on the amount of funds available, demonstrated financial need, and the number of applications received. Funding is limited; not every student with a demonstrated need will receive aid.

- Need**—Need is determined via consideration of total annual family income from all sources—including investments, trust funds, etc., as well as gross income for income tax purposes for all family members (including the student), and family expenses. Financial aid will not be awarded where total anticipated annual family receipts exceed those listed above, unless the award is approved by the Financial Aid Committee based on a showing of extraordinary circumstances such as (i) death or disability of a parent, (ii) major, uninsured medical expense, (iii) an unusually large number of dependents or (iv) a large uninsured casualty loss.
- Commitment**—Except for students entering their first year at Hoff-Barthelson, no student shall be considered for financial aid unless the student shows commitment to his or her music

education. Additionally, students must maintain a minimal attendance rate of 80% of all classes, lessons, rehearsals, and performances in order to remain eligible for financial aid.

- **Contribution to the HBMS Community**—An applicant’s contribution or potential contribution to the Hoff-Barthelson community is also a consideration. Factors impacting contribution to the Hoff-Barthelson community may include years or potential years of study at the school or active participation in classes, clubs, ensembles, festivals and other events.

Award Amounts

While there is no set limit on the amount that may be awarded to any family, each family is expected to pay registration fees (\$70 per student per year for private lesson students, \$30 per year for students enrolling only in classes or ensembles), materials fees (\$49 per semester for private lesson students), and a minimum of \$100 towards tuition, except in the event of extraordinary circumstances as described above.

For the 2018-19 School Year, Hoff-Barthelson distributed financial aid totaling \$170,000 to 55 students in our Early Childhood, Suzuki, K-12, and Adult Divisions. (Financial Aid for our Summer Arts Program is awarded via a separate program.) Awards ranged from 19% to 100% of a student’s total tuition, not including registration or materials fees.

Term

The maximum term of the award is two semesters within a single academic year, with awards divided equally between each.

It's important to note that the School reviews the timely and regular attendance of each recipient throughout the year. Financial aid may be withdrawn from students whose participation falters.

Application, Notification and Registration Timeline

The deadline for applications for the 2019-20 school year from current financial aid recipients is May 31, 2019. Applications for renewal received by that date will receive priority consideration and be notified by June 30, 2019.

Applications from students applying for financial aid for the first time are considered on a first-come, first-served basis beginning June 1, 2019. Because the School’s financial aid funds are limited, interested applicants are strongly encouraged to apply no later than June 30 for the following academic year.

Applicants must first register and pay the appropriate registration fee prior to submitting an application. The \$300 deposit required of private lesson students does not need to be paid until after your application has been considered (and may not apply, depending upon the size of any award).

Please allow up to four weeks for the consideration of your request. Note that incomplete applications cannot be considered.

The amount of any financial aid award is be deducted from the recipient’s total tuition charges. Any balance and all applicable fees (e.g., registration and materials fees) must be paid in full, or a payment plan selected by September 30, 2019.

Questions

Questions may be addressed to Registrar Laura Kay at (914) 902-0701 or lkay@hbms.org.

Application No. _____

HOFF-BARTHELSON MUSIC SCHOOL 2019-20 FINANCIAL AID APPLICATION

It is the philosophy of the Hoff-Barthelson Music School (HBMS) that no student who shows commitment to his or her study of music should be deprived of being able to attend HBMS solely because of inability to pay tuition or other charges.

Deadline: Rolling – Applicants are strongly encouraged to apply no later than June 30, 2019

The term "Applicant" shall mean the person or persons requesting Financial Aid hereunder.

REQUIRED ATTACHMENTS FOR EACH APPLICANT: Attach a copy of his/her Federal Income Tax Return including all schedules and attachments (the "Return") for last year. For individuals who were not required to file a Return last year, attach a report of actual income and a copy of W-2s and other earnings statements for last year. Any attachment to this Application in a language other than English must be accompanied by a translation into English and/or an explanation thereof in English.

Incomplete applications will not be considered. All applications must be submitted fully completed, signed, and with all supporting documentation. If you do not understand a question, or otherwise need help, call the School Registrar at (914) 723-1169 for assistance. If a question does not apply to your situation, indicate "N/A" (Not Applicable); do not leave any questions blank. All information is confidential.

Financial aid is not automatically renewed each year. Financial aid awards are subject to review and withdrawal at any time throughout the year. Continuation of Financial Aid is dependent upon regular attendance at classes, lessons, ensemble rehearsals, and coachings. Students must maintain a minimum 80% attendance rate for each class/lesson/ensemble to remain eligible. Attendance is reviewed on an ongoing basis. Reductions in length of lesson will result in a proportionate decrease in Financial Aid. Increases in length of lesson will not guarantee additional Financial Aid.

Need is determined with regard to total annual family receipts from all sources (including income from investments, trust funds, etc., as well as gross income for income tax purposes, of all family members, including the student) and family expenses, based upon a rubric approved by the Financial Aid Committee. Financial aid will not be awarded where total anticipated annual family receipts for the calendar year in which the financial aid application is submitted exceed a cap of 300% of the most recent year's published New York State income eligibility limits for reduced price lunch, per household size, unless the award is approved by the Financial Aid Committee based on a showing of extraordinary circumstances such as (i) death or disability of a parent, (ii) major, uninsured medical expense, (iii) an unusually large number of dependents, or (iv) a large uninsured casualty loss. Refer to the HBMS Financial Aid Eligibility Chart to determine if you qualify.

List all family members (including adults) to be enrolled at HBMS for the coming year:

Name of HBMS Student	Is Financial Aid requested for this student? (Y / N)

Application No. _____

STUDENT INFORMATION

Note: If there are more than three students in your family, please attach additional copies of this page.

NAME OF STUDENT #1: _____ **Date of birth:** _____

Address: _____

For the coming year:

Name of academic school: _____ Grade: _____

Instrument(s) or voice to be studied at HBMS: _____ Length of Lesson: _____

Will the student be taking private music instruction elsewhere this year? _____

Student lives with:

Name: _____ Relationship to Student: _____

NAME OF STUDENT #2: _____ **Date of birth:** _____

Address: _____

For the coming year:

Name of academic school: _____ Grade: _____

Instrument(s) or voice to be studied at HBMS: _____ Length of Lesson: _____

Will the student be taking private music instruction elsewhere this year? _____

Student lives with:

Name: _____ Relationship to Student: _____

NAME OF STUDENT #3: _____ **Date of birth:** _____

Address: _____

For the coming year:

Name of academic school: _____ Grade: _____

Instrument(s) or voice to be studied at HBMS: _____ Length of Lesson: _____

Will the student be taking private music instruction elsewhere this year? _____

Student lives with:

Name: _____ Relationship to Student: _____

Application No. _____

APPLICANT INFORMATION

APPLICANT #1: Name: _____

Relationship: _____ E-mail: _____

Address (if different from student): _____

Phone: Home: _____ Work: _____ Cell: _____

Employer name and address: _____

Nature of business: _____ Position held: _____

Does this individual claim the student as a dependent for tax purposes? _____

APPLICANT #2: Name: _____

Relationship: _____ E-mail: _____

Address (if different from student): _____

Phone: Home: _____ Work: _____ Cell: _____

Employer name and address: _____

Nature of business: _____ Position held: _____

Does this individual claim the student as a dependent for tax purposes? _____

APPLICANT #3: Name: _____

Relationship: _____ E-mail: _____

Address (if different from student): _____

Phone: Home: _____ Work: _____ Cell: _____

Employer name and address: _____

Nature of business: _____ Position held: _____

Does this individual claim the student as a dependent for tax purposes? _____

Application No. _____

If any items of income shown on Page 1 of last year's Return [or on any equivalent attachment to this Application] are expected to increase or decrease this year, or if any items are expected to be added or deleted this year, please provide details below. Please attach additional sheets as necessary.

If any deductions shown on Page 2 or Schedule A of last year's Return [or on any equivalent attachment to this Application] are expected to increase or decrease this year, or if any deductions are expected to be added or deleted this year, please list them below. Please attach additional sheets as necessary.

If any payments of money from any source have been made, or are expected to be made, to any Applicant that will not be listed on this person's Return [or on any equivalent attachment to this Application] for this year (such as gifts from family members or others, distributions from trust accounts, interest payments on tax-exempt securities or otherwise), please list them below. Please attach additional sheets as necessary.

Application No. _____

If any Applicant has paid or expects to pay any expenditure that is not deductible and will not be reflected this person's Return [or on any equivalent attachment to this Application] for this year (such as tuition payments to schools other than Hoff-Barthelson, home repairs, support payment to needy family members, or otherwise), please list them below. Please attach additional sheets as necessary.

Please use this space to explain in detail any other information the Financial Aid committee of HBMS should consider and any special circumstances regarding your family's financial situation. Please attach additional sheets if necessary.

CERTIFICATION OF THE APPLICATION:

The undersigned hereby (a) certify that all statements made in this application are true, complete and accurate; (b) consent to a full credit check; and (c) authorize each mortgage holder of any property owned by the undersigned, any creditor of the undersigned, any landlord of the undersigned and any employer of the undersigned, to verify the statements made in this application and to supply any other information requested by HBMS regarding the assets, liabilities, receipts and expenditures of the undersigned.

APPLICANT #1: PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
APPLICANT #2: PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
APPLICANT #3: PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
AMOUNT OF FINANCIAL AID BEING REQUESTED: