

## HOFF-BARTHELSON MUSIC SCHOOL 2024 SUMMER ARTS PROGRAM FINANCIAL AID APPLICATION

Please submit only one application per household. All information submitted to the School as part of your application is confidential. Note that first-time applicants must register and pay the deposit before submitting an application; in the event financial aid is not awarded and you cannot enroll, your deposit will be refunded.

### ELIGIBILITY

Please review Hoff-Barthelsson's Summer Arts Program [Financial Aid Guidelines](#) to determine if you qualify prior to completing this form.

### APPLICATION DEADLINE

The application deadline is Friday, May 24, 2024. Because funds are limited, early applications are strongly encouraged.

### SUBMITTING YOUR APPLICATION: GUIDANCE & REQUIRED DOCUMENTATION

- "Applicant" = the person or persons responsible for paying tuition, who are also requesting Financial Aid, i.e., parents/guardians. The applicant(s) may request support for multiple members of their household.
- All applicants must submit the attachments listed below.
  - **Federal Income Tax Returns** including all schedules and attachments (the "Return") for calendar year 2023; married couples who filed **separately** must attach both returns.
  - **For individuals who were not required to file a 2023 Return**, attach a report of actual income and a copy of W-2s, 1099s and other earnings statements for last year.
- Do not leave any questions blank. If a question in our application does not apply to your situation, indicate "N/A" (Not Applicable).
- All applications must be submitted fully completed, signed, and with all supporting documentation attached.
- Applications that do not include all required documents will not be considered, nor will applications that are not filled out completely.

**Need help?** If you do not understand a question, or otherwise need help, please contact Student and Faculty Services at [studentservices@hbms.org](mailto:studentservices@hbms.org) or (914) 723-1169.

**List all family members to be enrolled at HBMS for the 2024 Summer Arts Program:**

Name of Student	Amount of Aid Requested in \$ (from page 2)

Application No. \_\_\_\_\_ [Office Use Only]

**STUDENT INFORMATION FOR 2024 SUMMER ARTS PROGRAM**

**NAME OF STUDENT #1:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

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

Name of academic school: \_\_\_\_\_ Grade in Sept. 24: \_\_\_\_\_

Student lives with (name): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Number of weeks attending:  Five Weeks  Four Weeks  Three Weeks

Program(s) attending:  Early Drop Off  Full Day  Morning Only  Afternoon Only  Late Pick Up

Total Tuition for Above: \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

**NAME OF STUDENT #2:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

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

Name of academic school: \_\_\_\_\_ Grade in Sept. 24: \_\_\_\_\_

Student lives with (name): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Number of weeks attending:  Five Weeks  Four Weeks  Three Weeks

Program(s) attending:  Early Drop Off  Full Day  Morning Only  Afternoon Only  Late Pick Up

Total Tuition for Above: \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

**NAME OF STUDENT #3:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

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

Name of academic school: \_\_\_\_\_ Grade in Sept. 24: \_\_\_\_\_

Student lives with (name): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Number of weeks attending:  Five Weeks  Four Weeks  Three Weeks

Program(s) attending:  Early Drop Off  Full Day  Morning Only  Afternoon Only  Late Pick Up

Total Tuition for Above: \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Application No. \_\_\_\_\_ [Office Use Only]

**APPLICANT INFORMATION** "Applicant" = the person or persons responsible for paying tuition, who are also requesting Financial Aid, i.e., parents/guardians.

**APPLICANT #1:** Name: \_\_\_\_\_

Relationship to student \_\_\_\_\_ 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(s) as dependent(s) for tax purposes?  Yes  No

**APPLICANT #2:** Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ 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(s) as dependent(s) for tax purposes?  Yes  No

**HOUSEHOLD MEMBERS' PROJECTED TOTAL ANNUAL INCOME FOR CALENDAR YEAR 2024**

List all household members (including yourself) **even if they do not receive income**. For each household member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0', you are certifying that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults): \_\_\_\_\_

Application No. \_\_\_\_\_ [Office Use Only]

If, between 1/1/2024 and the date this application is submitted, any payments of money from any source (such as gifts from family members or others, distributions from trust accounts, interest payments on tax-exempt securities or otherwise) have been made, or are expected to be made, to the Applicant(s) above and beyond the Household Income listed above, list them below.

Please explain in detail any other information the School should consider regarding any special circumstances affecting your family's financial situation.

**CERTIFICATION OF THE APPLICATION:**

The undersigned hereby certify that all statements made in this application are true, complete and accurate.

APPLICANT #1: PRINTED NAME: _____ SIGNATURE: _____ DATE: _____
APPLICANT #2: PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

Once you have completed registration by paying the tuition deposit, and are ready to submit your completed application and required supporting documentation, please email Mike Nelson, [mnelson@hbms.org](mailto:mnelson@hbms.org), who will send you a link to securely transfer your forms to the School. Families of students without access to the technology necessary to share documents electronically must deliver their completed forms and required supporting documentation via USPS to: Hoff-Barthelson Music School, Attention: Mike Nelson, 25 School Lane, Scarsdale, NY 10583. Please keep a copy of your application for your files.