NAME OF STUDENT ________________________________________________________________

The UD CMS Confidential Application for Financial Aid consists of three parts: (1) Applicant History Form, (2) Financial Information Form and (3) Recommendation Form. The Financial Information form should be accompanied by a copy of your most recent US tax form (1040, 1040A, 1040EZ, or I-20 for international students). These forms should also be accompanied by the appropriate UD CMS registration form. Only completed applications are considered.

No money changes hands from UD CMS to the recipient of any financial aid. Awarded aid is deducted from total tuition fees and all remaining charges must be paid in full by applicant/applicant guardian. Awards are granted for the entire school year but a re-enrollment form for each session must be sent in order to be enrolled in each subsequent semester for the year (i.e.-Fall, Spring, Summer).

Acceptance of financial aid from UD CMS creates an obligation on the part of the student and the parent. Classes/lessons must be attended regularly and an appropriate amount of effort should be evident. UD CMS reserves the right to withdraw financial aid if it is determined that the appropriate dedication is not being shown through the recipient’s behavior or actions otherwise with UD CMS.

Withdrawal from UD CMS programs in the midst of an academic year in which financial aid has been awarded will result in revocation of the award except in special circumstances that must be approved by UD CMS. Partial registration for a semester (i.e.-less than twelve lessons for Fall and Spring, less than six lessons for Summer) will result in a prorated financial aid award.

Granting of financial aid does not guarantee future financial aid. Awards are given on an annual basis and reapplication is required for each new academic year. A parent/guardian will be required to sign a letter of acceptance within two weeks of the notification of a financial aid award. Failure to meet this deadline will be considered as declining our offer of financial aid.

Completed forms (Applicant History Form, Financial Information Form (with copies of most recent tax forms), and UD CMS registration form) should be mailed or hand delivered to:

University of Delaware
Community Music School
Amy E. du Pont Music Building
Newark, DE 19716-2560

I have read, understand, and accept the above conditions to UD CMS financial aid.

_________________________________________________________  _____________________
Signature of Parent/Guardian                                      Date
Part 1 - Applicant History
UD CMS Confidential Application for Financial Aid

Date_____________________________

Student’s Name ________________________________ Birthdate______________________________

Address____________________________________

City________________________ State________________ Zip________________________

School________________________________________ Grade________

Parent/Guardian Name(s)________________________ Relationship to Student________

Home Phone __________________ Work Phone __________________ Cell Phone________

E-mail Address________________________________________________________

Class/Lessons for which you wish to register____________________________________

Other anticipated CMS classes, ensembles________________________________________

Number of years of previous private instruction____________________________________

Name of most recent private instructor____________________________________________

Number of years and type of other music instruction_______________________________

Notable achievements or awards_________________________________________________

FOR CMS USE ONLY

Date Application Received ______________________ Received by ____________________________

Amount of Financial Aid

FALL SEMESTER $____________________________

SPRING SEMESTER $__________________________

SUMMER SEMESTER $________________________

Director’s Signature ___________________________ Date________________
Part 2 - Financial Information
UD CMS Confidential Application for Financial Aid

Required
Attach most recent Tax Form 1040, 1040A, 1040EZ, or I-20 for international students

<table>
<thead>
<tr>
<th></th>
<th>Actual Last Tax Year</th>
<th>Estimated Current Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household gross income for most recent year (Form 1040, 1040A, 1040EZ, or I-20)</td>
<td>$______________</td>
<td>$______________</td>
</tr>
<tr>
<td>Non-taxable income. Please check all categories that apply to you:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Social Security Benefits</td>
<td>$______________</td>
<td>$______________</td>
</tr>
<tr>
<td>o Family Gifts or Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Child Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Welfare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Unemployment Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Interest on Tax-free Bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Untaxed portions of pensions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Housing Allowance</td>
<td>$______________</td>
<td>$______________</td>
</tr>
<tr>
<td>Total Income (add lines 1 and 2)</td>
<td>$______________</td>
<td>$______________</td>
</tr>
</tbody>
</table>

List and explain additional expenses not reflected in adjusted gross income (including the total costs of all dependents attending a higher learning institution – actual out of pocket expenses after aid and scholarships and the number of months the primary and/or secondary wage earner has been unemployed this current calendar year):

____________________________________________________________________________________

Explain any other special circumstances that bear on your need for financial aid: (attach separate page if necessary)

____________________________________________________________________________________

Total Number of dependents living within your household supported by this income ________________________

Names of other household members studying at the CMS

____________________________________________________________________________________

Dependent student applicant’s earned income outside the home:

a. Amount earned during most recent school year $______________

b. Amount earned during past summer $______________

c. Estimate amount to be earned this school year $______________

To the best of my knowledge, the information given on this form is complete and correct.

__________________________________________
Signature of person completing this form

__________________________________________
Date
Part 3 – Recommendation Form
UD CMS Confidential Application for Financial Aid

This form should be completed by a music teacher or individual that can most appropriately assess the student’s dedication, background, and potential.

Applicant’s Name __________________________________________

Instrument ________________________________________________

Recommender’s Name ________________________________________

Association to Applicant ___________________________ Number of years____________

Recommender’s Address _______________________________________

_________________________________________________________________

Street/Apt. #

City __________________ State __________ ZIP ________________

Telephone __________________ email address __________________

Please assess applicant in the following areas (check all that apply):

Commitment to study
☐ High ☐ Above Average ☐ Average ☐ Low ☐ Do not know

Current Level of accomplishment
☐ High ☐ Above Average ☐ Average ☐ Low ☐ Do not know

Potential for Growth
☐ High ☐ Above Average ☐ Average ☐ Low ☐ Do not know

Please provide any other comments that would help us to assess the applicant’s qualification for financial aid from UD CMS.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

___________________________________________________________

I ___________________________ recommend that _______________________ receive financial aid from UD CMS based

Recommender Name ______________________________ Applicant Name __________________

based upon his/her merit as a student and, to the best of your knowledge, financial need.

Signature of Recommender ___________________________ Date ________________