

BSYO TUITION ASSISTANCE APPLICATION
2020-2021 Season and Summer Camp

Thank you for your interest in BSYO! It is our goal to make sure that no one is turned away due to financial circumstances. To properly process your application, please make sure that this form is completed in its entirety, including the IRS form 1040 (or approved alternative verification) and submitted by the appropriate due date. Incomplete and/or late applications will not be considered. We recognize the sensitive nature of this information, and everything collected by the BSYO is held in the strictest confidence.

1. First _____ Last _____ Date of Birth ___/___/___ Sex M F
Lives with (Please check all that apply)

___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Legal Guardian

2. First _____ Last _____ Date of Birth ___/___/___ Sex M F
Lives with (Please check all that apply)

___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Legal Guardian

3. First _____ Last _____ Date of Birth ___/___/___ Sex M F
Lives with (Please check all that apply)

___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Legal Guardian

Parent/Head of Household Name _____ Home Phone ___ - ___ - _____
Address _____ City _____ State Zip _____
Employer _____ Occupation _____
Spouse's Name _____ Phone (If different) ___ - ___ - _____
Address (If different) _____ City _____ State Zip _____
Employer _____ Occupation _____
Email _____

Please describe any special family circumstances or financial obligations that affect you financially. Please use additional paper if necessary.

(Application due by Monday, August 31.2020)

How much are you able to pay towards tuition costs for BSYO season 37?

___ \$100 ___ \$75 ___ \$50 ___ \$25 ___ \$0

How much are you able to pay towards BSYO summer strings camp 2021 ?

___ \$100 ___ \$75 ___ \$50 ___ \$25 ___ \$0

Number of children in your family(including the applicant) _____

We declare that the information on this application is, to the best of our knowledge and belief, true, correct, and complete. Brevard Symphony Youth Orchestra has our permission to verify the information reported.

Parent's Printed Name _____

Parent's Signature _____ Date ___/___/___

I have included my 2019 federal income tax form 1040

(applications are incomplete without this form, or approved alternative verification)

Please return no later than Monday, August 31, 2020.

If you are unable to provide a 1040 form, please contact the BSYO office at 321-216-7804 to arrange alternative verification.

MAIL TO:

BSYO

PO BOX 360553

Melbourne, FL 32936

For applications received, decisions will be announced via email.