

The Jonathan May Foundation Scholarship Application



For Office Use:

Date received:

Award amount:

Notes:

Please complete both pages of this application for scholarship consideration in the Metropolitan Area Youth Symphony. Send the completed application, copies of your most recent federal tax forms, and other MAYS registration or acceptance materials to: The Jonathan May Foundation, P.O. Box 2055, Goldenrod, FL 32733; or submit electronically via email to: May4music@JonathanMayFoundation.org.

All information is confidential. Only completed applications will be considered.

Due to the limited availability of scholarship funds, financial need is the primary factor when determining awards. In order to provide assistance to as many families as possible, please consider how much financial assistance or determine if one of the MAYS' installment plans meet your needs.

PART A

Select MAYS Program for which you are requesting financial assistance:

MAYS of Orlando Academic Year Orchestra
MAYS of Lake County Academic Year Orchestra
MAYS At Your School

MAYS Summer Camp – Orlando
MAYS Summer Camp – Lake County

PART B

Student Name(s) _____

Address _____ City, State _____ Zip _____

Email Address _____ Phone # _____

Current Band//Orchestra/Program _____ Instrument(s) _____

Has this student been a member of MAYS? YES NO If yes, which group(s) _____

Does this student study privately? YES NO If yes, cost and frequency of lessons _____

Name of Parent(s)/Guardian(s) _____

Place of employment/title of mother/guardian _____

Place of employment/title of father/guardian _____

PART C Confidential Financial Information

*Because assistance is based on financial need, we require additional **strictly confidential** financial information.*

Please attach a copy of your most recent Federal income tax return with your application. In the case of joint custody, both parents' incomes should be reported and copies of both tax returns submitted.

Current Adjusted Gross Income, as reported on your most recent tax form:

Parent/Guardian #1: \$ _____ Parent/Guardian #2: \$ _____

Other income: \$ _____

Specify source: _____

Total Current Annual Income: \$ _____

Ages of all children living at home, including applicant: _____

Other dependents? YES NO Please specify: _____

Continued on next page

PART C (continued)



Do you receive financial assistance for MAYS or private lessons? YES NO

If yes, what amount? _____ Source _____

Do you qualify for the Federal Free or Reduced Price School Meals program? YES NO

If yes, which school district? _____

Are there any possible family sources of financial assistance? YES NO

If yes, please explain _____

How much financial assistance do you *hope* to receive from MAYS? _____

In the space below or on an additional page, please explain any personal financial issues or special circumstances you feel should be considered:

The Jonathan May Foundation reserves the right to request additional family financial information if necessary.

PART D

We certify that we have provided current, accurate and truthful information. I understand that should I receive financial aid, I will be responsible for paying any tuition balance (not covered by the award) by indicated deadlines. In accepting financial assistance from MAYS, we agree to continue participation in MAYS for the full program and understand that the scholarship may be rescinded if we fail to meet the policies and procedures of the MAYS.

Parent(s)/Guardian(s) Signature(s)

Date

Student Signature(s)

Date