



NEED-BASED SCHOLARSHIP APPLICATION

This **Need-Based Scholarship Application** consists of two parts: Part I – Applicant History, and Part II – Financial Information (including a copy of your most recent 1040 tax form, I-20 form for international students, or other proof of income if you do not file taxes). It is the responsibility of the applicant or applicant’s parent/guardian to see that all items are complete and returned to ACMS by the published deadline. **Only complete applications will be considered.** All information is strictly **confidential**. Scholarships are awarded based on money available, number of applicants, and applicant need. We endeavor to award as much as possible within these criteria. **All students are eligible to apply.** Scholarship awards are deducted from the total tuition charges.

PART I. APPLICANT HISTORY

INFORMATION ABOUT STUDENT TO RECEIVE SCHOLARSHIP

Name of Student to Receive Scholarship: _____
Last First

Address: _____
Street/Apt # City State Zip

Date of Birth: _____ **Home Phone:** _____ **Work or Cell:** _____

E-mail address: _____

Adult Student: _____
Occupation Employer

Dependent Student: _____
School Grade Level

INFORMATION ABOUT PARENT/GUARDIAN(S)

Name of Parent: _____ **Relationship to Student:** _____

Address: _____

Occupation: _____ **Employer:** _____

Email: _____ **Home Phone:** _____

Name of Parent: _____ **Relationship to Student:** _____

Address: _____

Occupation: _____ **Employer:** _____

Email: _____ **Home Phone:** _____

Program for which you would like to receive assistance (ie., private lesson, group class) : _____

If lesson, length of lesson desired: ____ 30 minutes ____ 45 minutes ____ 60 minutes

Submit completed application with registration form and required documentation to ACMS, 551A Glidden Hall, Ohio University, Athens, OH 45701. You will be contacted by phone and letter with amount of award.



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PART II. FINANCIAL INFORMATION

DOCUMENTED PROOF OF ANNUAL FAMILY INCOME IS MANDATORY

Section 1. Total Household Gross Income (include form 1040, 1040A, 1040EZ, I-20)

1. Actual Gross for Last Completed Tax Year: \$ _____

2. Estimated Gross for Current Tax Year: \$ _____

3. Number of Dependents Supported by this Income: _____

4. Names of Everyone in Household	5. Non-taxable income and how often it was received				6. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Section 2. Additional Expenses

1. Please list and explain any additional expenses not reflected in adjusted gross income:

2. Please explain any other special circumstances that bear on your need for Scholarship assistance (attach a separate page if necessary):

Section 3. Signature and Social Security Number of Person Completing Form (Adult must sign)

An adult household member must sign the application. The adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify (promise) that all information on this application is true and that all income is reported.

Sign here: X _____ Print name: _____

Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

For Office Use Only:

Date Received: _____

Award Amount: \$ _____ Amount Owed By Student: \$ _____

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