



## **2019-20 Financial Aid/Scholarship Guidelines**

The *SCAA Scholarship* Program provides limited funds to assist students who demonstrate a need. Financial aid/Scholarship does not pay/provide for lessons or classes in full. Application for financial aid must be submitted each year. All students are eligible to apply. The registration fee must be paid in order to be eligible for consideration.

Applicants must complete the financial aid application and submit the required financial information to the SCAA office by September 30. The office will then forward the instructor recommendation form to the appropriate instructor (if applicable). All submitted information is kept in strict confidence.

Applications for financial aid must be submitted no later than September 30 for classes/lessons beginning in the fall. Students are responsible for and must make the first regular installment of the payment plan. This initial payment is due with the October billing; payment due October 25.

Financial aid awards are applied directly to the student account and will not be given in the form of cash. A letter of notification will be mailed in early November. Awards will be credited to the students account in November. The award will reduce the remaining payments on the account balance. Awards will be prorated in the event the student withdraws from the class/lessons.

The acceptance of financial assistance from SCAA carries with it an obligation on the part of the student to attend class/lessons on a regular basis and work diligently on making progress in his/her principal area of concentration. Financial aid may be withdrawn at any time if, in the opinion of the principal teacher and the SCAA director, the recipient fails to meet minimum standards of attendance and progress. Receipt of financial aid does not guarantee assistance in the future.

*Please note that scholarship amounts will not exceed 50 percent of a student's tuition or class fee. Most awards are between 10 to 40 percent of the tuition.*

# SCAA SHENANDOAH CONSERVATORY ARTS ACADEMY

## SCAA Financial Aid Scholarship Application

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ (office use)

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W or C) \_\_\_\_\_

Father/Guardian's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother/Guardian's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Class (es) for which financial aid is sought: \_\_\_\_\_

If private instruction: Instrument \_\_\_\_\_ Teacher \_\_\_\_\_

Years of study at SCAA \_\_\_\_\_

This form contains financial information about the following persons: **(Check all that apply)**

\_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Guardian

\_\_\_ Parents separated or divorced \_\_\_ Single parent \_\_\_ Father disabled

\_\_\_ Mother disabled \_\_\_ Father deceased \_\_\_ Mother deceased

Applicant lives with \_\_\_ Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Guardian

**All other students for whom this Financial Aid application is being made should be listed below.** Please add address if different from above named student.

Name	Age	Class/Instrument	Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# SCAA

SHENANDOAH  
CONSERVATORY  
ARTS ACADEMY

**Financial Information** *(Please provide estimate gross annual income figures for current year.)*

Father/Guardian \$ \_\_\_\_\_ Mother/Guardian \$ \_\_\_\_\_  
Miscellaneous Income \$ \_\_\_\_\_ Total Gross Income \$ \_\_\_\_\_

Please describe any unusual expenses that might help determine need on a separate page.

**Attachments**

- Federal 1040 for the previous tax year (photocopy 1<sup>st</sup> two pages only)
- If income has changed dramatically, or you wish to present additional information, please attach narrative
- Teacher Recommendation Form

**Agreement**

I declare that I have completed this form, and to the best of my knowledge I believe it to be true, correct and complete.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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*For SCAA Office Use Only*

\_\_\_\_\_ Request approved \_\_\_\_\_ Request not approved

Student \_\_\_\_\_ Award Amount \_\_\_\_\_

To be applied for (class/lesson) \_\_\_\_\_

Student \_\_\_\_\_ Award Amount \_\_\_\_\_

To be applied for (class/lesson) \_\_\_\_\_

Student \_\_\_\_\_ Award Amount \_\_\_\_\_

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# SCAA

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ARTS ACADEMY

***Part I: To be completed by parent or guardian***

Student Name \_\_\_\_\_

Classes or lessons for which financial aid is sought: \_\_\_\_\_

Teacher \_\_\_\_\_

Years of study at SCAA \_\_\_\_\_

**SCAA Instructor Completed Recommendation Form**  
**(If applicable, the office will submit the recommendation form to the student's instructor)**

***Part II: To be completed by the student's instructor and submitted to SCAA office.***

How long and in what capacity have you known above named student?

Has the applicant maintained a sincere interest in his/her studies?

Please indicate your assessment of the student in the following areas:

	High/Excellent	Above Average	Average	Low
Aptitude for Current area of study	_____	_____	_____	_____
Motivation to learn	_____	_____	_____	_____
Present level of Accomplishment	_____	_____	_____	_____
Sense of responsibility/ Personal character	_____	_____	_____	_____

Would you recommend this student receive scholarship assistance? \_\_\_\_\_  
(Additional remarks can be continued on back)

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_  
(Instructor: after completing, please submit to the office)