



SCAA Student Financial Support Application (FSP)

The SCAA Financial Support Program (FSP) provides limited funds in the form of awards to assist students who demonstrate a need. Financial support does not pay/provide for lessons or classes in full. Application for financial support 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 FSP application and submit the required financial information to the SCAA office by September 15. The office will then forward the instructor recommendation form to the appropriate instructor (if applicable). All submitted information is kept in strict confidence.

Applications should be submitted no later than **September 15** for classes/lessons beginning in the fall. Students/families are responsible for the first regular installment on their payment plan. This initial payment is due with the October billing with payment due by **October 25**. Awards will not be processed to the student's account until this payment is received.

Financial support is applied directly to the student account and will not be given in the form of cash. A letter of award notification will be mailed in mid-October. Awards will be credited to the student's account in November reducing the remaining payments on the account balance. Awards will be prorated in the event the student withdraws from classes/lessons.

The acceptance of financial support from SCAA carries with it a student obligation to attend class/lessons on a regular basis and work diligently on making progress in the student's principal area of interest. Financial support may be withdrawn at any time if the student fails to meet minimum standards of attendance and progress. Receipt of financial support does not guarantee assistance in the future.

Please note that award amounts will not exceed 60 percent of a student's tuition. Most awards are between 15 to 45 percent of the tuition.

SCAA

SHENANDOAH
CONSERVATORY
ARTS ACADEMY

SCAA Student Financial Support Application (FSP)

Part I: To be completed by parent or guardian

Student Name _____ ID# _____ (office use)

Parent/Guardian Name _____

Address _____

Telephone (H) _____ (W or C) _____

Guardian (1) Employer _____ Occupation _____

Guardian (2) Employer _____ Occupation _____

Class (es) for which financial aid is sought: _____

If Private Instruction: Instrument _____

Class or Private Lesson Teacher _____

Years of study at SCAA _____

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

_____ Parent _____ Step-parent _____ Guardian _____ Single parent

_____ Separated or divorced parents _____ Disabled parent _____ Deceased parent

Applicant lives with: _____ Parent _____ Step-parent _____ Guardian

All other students for whom this Financial Support 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

Part II: To be completed by parent or guardian

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

Parent/Guardian (1) \$ _____ Parent/Guardian (2) \$ _____

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 1st two pages only)
- If income has changed dramatically, or you wish to present additional information, please attach narrative
- Teacher Recommendation Form (Office 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 _____

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 _____

SCAA Instructor Completed Recommendation Form

(If applicable, the office will submit the recommendation form to the student's instructor)

Part III: To be completed by the student's instructor

Student Name _____

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)