
TUITION ASSISTANCE APPLICATION

VIRTUOSI OF HOUSTON (VOH)

Send completed form to:

Executive Committee, Virtuosi of Houston, 2121 Kirby Drive #117, Houston, TX 77019

PLEASE NOTE: Because limited assistance funds are available, financial need is a major factor to be considered in the awarding of most tuition assistance. **In order to make the VOH program accessible to all, please give serious consideration to how much you need this assistance.** All tuition assistance applicants will be notified in writing of the Executive Committee's decisions, which are final.

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.
ALL INFORMATION WILL BE TREATED BY VOH AS STRICTLY
CONFIDENTIAL.**

(PLEASE PRINT)

Name of applicant (student): _____ Date of birth: _____

Home address _____

City _____ Zip _____ Phone _____

School in **Fall 2015:** _____ Grade in **Fall 2015:** _____

School music director in **Fall 2015:** _____

Was this student in VOH in 2014-2015? YES NO

Instrument: _____ How long has student played: _____

Does the student study privately on this instrument? YES NO

If yes, with whom: _____

Name of parent(s)/guardian(s): _____

Occupation of Parent/guardian: _____

Place of employment/title: _____

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Please describe applicant's experience in large instrumental ensembles:

Please describe any major music honors/awards:

CONFIDENTIAL FINANCIAL INFORMATION

In order to help us determine how best to allocate our limited resources, and since this assistance is based on financial need, we will need some additional, strictly confidential financial information.

Annual gross family income from all sources \$ _____ ***(Please attach a copy of both sides of the first page of your 2014 Federal income tax return, with your adjusted gross income information, etc.) In situations of joint custody, both parents' incomes should be reported.***

Ages of all children living at home, including applicant _____

Other dependents? _____ Please specify _____

Are you receiving other financial assistance for VOH participation or private lessons (For example, from school, church, music clubs, etc.) _____

Yes _____ No _____

If yes, what amount? _____ Source _____

How much financial assistance are you ***hoping*** to receive from VOH with this application? _____

Are there other possible family sources of financial assistance? (For example: a parent who may not live with the child full-time, grandparents, etc.).

If the answer is yes, approximately how much assistance could they provide? _____

Please discuss in the space below any other personal financial issues or special circumstances which you feel the Executive Committee should consider in making the awards. (Use additional page, if necessary.) _____

VOH reserves the right to request additional family financial information, if necessary.

All financial information will be held in strictest confidence.

We hope that in accepting any VOH tuition assistance, you will take on the responsibility of helping to support the organization by participating in performance and fundraising activities which will in return provide more assistance for other deserving members.

We certify that all of the information in this application is true and correct. In accepting financial assistance from VOH, we agree to continue participation in VOH during the full 2015-2016 season. I understand that, if I do not fulfill this obligation, I may be asked to repay tuition assistance funds which have been awarded.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

Please print student's name _____

Space below is for office use only.