



**2023-2024
FINANCIAL ASSISTANCE**

All information provided will be held in the strictest confidence.

Student(s) _____
Street Address _____
City _____
State _____
Zip Code _____

Parent/Guardian _____
Phone _____
Email _____

Annual household income _____
Number of people living in household _____ of those how many are 18 & under _____
Number of siblings currently enrolled in MBYS _____

Please provide information you feel would help the financial assistance committee during the review of your application. _____

Attach additional pages if needed

Tuition

Sinfonette Orchestra	\$350	Amount you are able to contribute	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%
Junior Orchestra	\$375		<input type="checkbox"/> Other	_____	
Youth Orchestra	\$400	Amount requested from the FA Committee:	\$ _____		

Due to limited funds all applicants are asked to seriously consider your need for assistance prior to submitting this application. MBYS reserves the right to request additional information if needed.

Please note:

- All applicants are expected to pay at least 25% tuition to participate in MBYS.
- Members receiving financial assistance are expected to set-up and tear-down the rehearsal rooms. If a member is too young to handle this responsibility a parent or guardian must assist.

I understand that the information on this application for Financial Assistance is true to the best of my knowledge.

Signature of Parent/Guardian _____ **Date** _____

P.O. BOX 692 || Mount Vernon, WA 98273 || fidalgoyouthsymphony@gmail.com || www.fysmbys.org