



## 2024-2025 Financial Assistance Form

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Number of people living in household \_\_\_\_\_. Of those, how many are 18 and under \_\_\_\_\_.

Number of students currently enrolled in NYSA \_\_\_\_\_.

Please provide information you feel would help the financial assistance committee during the review of your application. Attach additional pages if needed. \_\_\_\_\_

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Student Name	FYS	MBYS	WIYS	SYS	Financial Assistance requested	Amount Member will pay ( <b>due at registration</b> )
					\$	\$
					\$	\$
					\$	\$
					\$	\$
<b>TOTALS</b>					\$	\$
(Office Use Only) Date approved						

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

Please note:

- All applicants are requested to pay at least 25% tuition to participate in NYSA.
- Members receiving financial assistance are expected to help with set-up and tear-down of 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 \_\_\_\_\_