

Community Music Center Need-Based Scholarship Application

All information is REQUIRED. Incomplete applications will be returned unaccepted. One form per student, please.

Portland Parks & Recreation recognizes that some residents of the City of Portland require lower tuition to attend certain recreational activities. CMC has its own scholarship process, as tuition subsidy is provided by a non-profit fundraising organization through generous donations.

Application Process

- 1. Submit this form at the time of registration.** A spot will be reserved for you in class during the scholarship application process. For the Private Lessons, submit the form with your pre-registration. CMC requires separate forms to be filled out for School Year and Summer. **Limit: one private lesson (youth) & one full fee group class (youth or adult), plus instrument rental.**
- 2. Submit documentation** to substantiate your household income level. This information is necessary to help determine the degree of need for each applicant. Documentation must be shown once per year. Scholarships will be denied without proper documentation. We value your privacy and make every effort to keep information confidential. Please remove social security numbers for all family members before submitting, especially if sending electronically.
- 3. Once your scholarship is approved, pay tuition balance, or make partial payment with scheduled payments.** Scholarships may be denied for those not meeting payment commitment, program requirements, and/or at least 80% attendance.

Participant's Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Note: Notice of scholarship approval is frequently via e-mail (if available). Check here if you would prefer to be notified by phone:

Activity Name: 1) _____ 2) _____ 3) _____

Published Fee: 1) \$ _____ 2) \$ _____ 3) \$ _____

What you can pay: 1) \$ _____ 2) \$ _____ 3) \$ _____

State the financial need that makes it impossible for you to pay the full fee: _____

Have you applied for a CMC scholarship before? Yes No If yes, when did you last apply? _____

Youth students: provide parent/guardian info. Adult students: provide your employment info, plus spouse (if applicable)

Adult #1 Name: _____ Employer: _____

Adult #2 Name: _____ Employer: _____

Number of children living at home: _____ Number of adults in household: _____

TOTAL YEARLY GROSS FAMILY INCOME (include child support if applicable) – CHECK ONE:

- | | | |
|--|---|---|
| <input type="checkbox"/> 0 to \$21,977 | <input type="checkbox"/> \$37,296 to \$44,954 | <input type="checkbox"/> \$60,273 to \$67,950 |
| <input type="checkbox"/> \$21,978 to \$29,636 | <input type="checkbox"/> \$44,955 to \$52,513 | <input type="checkbox"/> \$67,951 to \$75,647 |
| <input type="checkbox"/> \$29,637, to \$37,295 | <input type="checkbox"/> \$52,514 to \$60,272 | <input type="checkbox"/> above \$75,648 |

Does applicant / participant qualify for Federal free or reduced lunch program? Yes No

Does applicant / participant qualify for Oregon Health Plan? Yes No

The Community Music Center requires ALL scholarship applicants to submit their most recent Federal 1040 tax form for approval.

If you did not file taxes this year, or if your current income is lower than stated on the 1040, you may substantiate your income via documentation provided by a state or federal agency. The following forms are acceptable for verification - please check the form(s) used:

- Most recent Federal 1040 income tax return (first 2 pages) - required if you did file.**
- I did NOT file a Federal 1040 income tax form this year - I am using one of the forms of documentation below:**
- Free/reduced lunch award letter Food Stamps award letter
- Proof of current Oregon Health Plan (eligibility letter with date) WIC award letter
- Proof of Social Security benefits (SSA Benefit Statement or SSA - 1099) Proof of disability pay (SSI)

UNACCEPTABLE for verification: W-2 forms, paycheck stubs, bank statements, Oregon Trail Card, OHP medical card, WIC card

X _____ Date _____
Participant / Parent / Guardian Signature

For office use only	TERM: _____ DATE Received : _____ STAFF Initials: _____ Regular Fee: \$ _____
	DATE Approved: _____ DIRECTOR Signature: _____ Discount: \$ _____
	DATE Notified: _____ VIA: Email <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Total Fee: \$ _____
	ELIGIBILITY: Type: _____ Effective Date: _____ Returned <input type="checkbox"/> Shredded <input type="checkbox"/> Date: _____ Initial: _____