

Date:

FINANCIAL AID APPLICATION FORM

Today's Date:	
<b>Application Receive</b>	d by:

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#### **APPLICANT INFORMATION**

Student's Last	Name:		First:	Mid	ldle:	Age:		Gender:
Is this your leg	al name? 🗌 Yes	5 🗌 No	If not, what is your legal name?					
Birth date:			Citizenship:		Marital Status:			
Home Address	5:		•	City	:	State and Zip:		
Home Phone r	าo:		Cell p	hone:		E-mail:		
Current Schoo	l:		Curre	nt Grade:	School Ye	ear: 20 20		
Are you workii	ng? 🗌 Yes 🛛	No	If yes,	what is your ave	verage weekly earning?			
Highest degre	Highest degree of parents: Father:		Mother:					
	Name		Age	Relationship	Nam	e	Age	Relationship
Ciblings								
Siblings								
	🗌 Flute	Flute Bassoon Trombone-Tenor Harp				Violin	Double Bass	
Instrument(s)	🗌 Oboe	e 🗌 Horn 📄 Trombone-Bass 🗌 Pia			ss 🗌 Piano		Viola	Saxophone
		🗌 Clarinet 🗌 Trumpet 🗌 Tuba 🗌 Percu		ssion 🗌	Cello	Other		
Awards or recognitions received in the past three years, starting from the most recent:								
Date	Name	Description						



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# IN 300 WORDS, EXPLAIN WHY YOU ARE INTERESTED IN TAKING PART IN PACIFIC ACADEMY FOUNDATION ORCHESTRA, AND WILL IT BRING ANY CHANGE TO YOUR LIFE.



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### Today's Date: Application Received by:

### PHOTO RELEASE

I, the undersigned, hereby grant permission to Pacific Academy Foundation the right to use and copyright photographs of me without restriction for any purpose such as, but not limited to, promotion, advertising, and public relations. I hereby release and discharge Pacific Academy Foundation from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

Patient/Guardian Name

Student Name

Date:

Patient/Guardian signature

Student Signature

Date

### PARENT/GUARDIAN INFORMATION (Primary Contact)

Parent/Guardian Last Name:	First Name:	Middle: Title:
Relationship:	Living with applicant?	Yes 🗌 No 🗌
Home Address:	City:	State and Zip:
Citizenship:	Marital Status:	Occupation:
Home Phone:	Cell-phone:	Work Phone:
Email:		

### PARENT/GUARDIAN INFORMATION (Secondary Contact)

Parent/Guardian Last Name:	First Name:	Middle:	Title:
Relationship:	Living with applicant?	Yes 🗌 No 🗌	
Home Address:	City:	State and Z	Zip:
Citizenship:	Marital Status:	Occupation:	
Home Phone:	Cell-phone:	Work Phone:	
Email:			



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### FINANCIAL INFORMATION

Size of household:				
Do you own or rent your residence?				
Own, monthly mortgage amount \$ Rent, monthly rent amount \$				
Do you have any other investments?				
🗌 Real estate 🗌 Bonds, stocks, funds, annuities 🗌 Retirement 🗌 College Savings 🔲 Other				
Do you own or partially own any business? 🗌 Yes, the net worth is \$ 🗌 No				
Please disclose the total balance of your	Please disclose the total balance of your bank accounts, including checking and savings: \$			
	st current year tax return; 2	recent tax return? \$ ( year) 2) Most recent three months of bank statements		
Any financial aid provided to your family	? 🗌 Yes (Please list th	em here) 🗌 No		
Name of the financial aid received	Amount	Frequency		



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#### **IN CASE OF EMERGENCY**

Name of local friend or relative:	Relationship to student:
Home phone no.:	Work phone no.:

### PARENT/GUARDIAN CONSENT

Please initial in each bullet and sign at the bottom.
The above information is true to the best of my knowledge.
I hereby authorize my child,, to participate in auditions or
other events held by Pacific Academy Foundation and its affiliations. I understand that I will receive no financial
assistance for participating in such events, and that Pacific Academy Foundation has my permission to use the
photographs of my child taken from the audition, rehearsals and sectionals.
I hereby release Pacific Academy Foundation, its employees, associates, and its affiliations from
any and all liability arising from the participation in the activity/activities should there be damage or injury
occured in the events.
In case of emergency, I consent that Pacific Academy and its affiliation seek medical assistance
for my child as necessary, including emergency care and paramedics, should I be absent. I assume full financial
responsibility for all medical expenses incurred.
Photo Release> I hereby grant permission to Pacific Academy Foundation the right to use and
copyright photographs of my child without restriction for any purpose such as (but not limited to) promotion,
advertising, and public relations. I hereby release and discharge Pacific Academy Foundation from any and all
claims and demands arising out of or in connection with the use of the photographs, including any and all claims
for libel.