

ELIGIBILITY

Conservatory students are eligible for scholarship consideration in the following instance:

- The applicant is experiencing personal or family financial hardship.
- To evaluate your individual needs, the Conservatory requires a complete application package for review by the Concordia Conservatory Advisory Board.

GENERAL INFORMATION

- The amount of the scholarship to be awarded in individual cases will be determined annually based on the estimated need, and the availability of funds.
- The award of any scholarship assumes that the applicant is successfully engaged in his/her studies (*i.e. attendance and progress*) and may be discontinued if guidelines are not met.
- Each award shall be for a maximum of one academic year. Awards are not automatically renewed from one year to the next. Current recipients of scholarships are required to submit a new application packet each year.

PROCESS

1. Fill out Scholarship Application Form for Financial Assistance, Conservatory Registration Form and submit Registration Fee.
2. Submit a letter of application, addressed to the Executive Director, stating your financial need.
3. Provide a letter from a third-party (*e.g. employer, pastor/minister, social services, not a family member*) in order to validate the applicant's eligibility.

APPLICATION DEADLINE

- **August 15:** Semester 1 & 2
- **November 1:** Semester 2

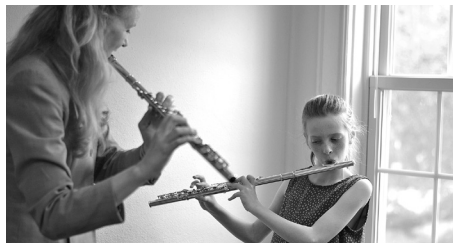
REQUIRED INFORMATION FOR SUBMISSION

- Completed Application for Financial Assistance
- Letter stating financial need from student or parent/guardian
- Letter from third-party
- Registration Fee

Questions, call 914-395-4507
www.concordiaconservatory.org

OUR VISION

*Our vision is to enrich the lives of the people
in our community through music.*





Application For Financial Assistance

Is this an application for a renewal of a scholarship award? Yes No

_____ Student Name		_____ Date of Birth
		()
_____ Mother's Name (required for age 18 and under)		_____ Cell #
		()
_____ Father's Name (required for age 18 and under)		_____ Cell #
_____ Home Address		_____ City
		()
_____ State	_____ Zip	_____ Home Phone
_____ Email		

FAMILY INCOME (optional)

Family income is defined as adjusted gross income, as reported on your federal income tax return.

Adjusted Gross Income:

- \$10,000–\$30,000 \$30,000–\$50,000 \$50,000–\$75,000 Prefer not to answer

Number of immediate family members _____

Please include the following with Application For Financial Assistance:

- Completed Application for Financial Assistance
- Letter stating financial need from student or parent/guardian
- Letter from third-party
- Registration Fee

TERMS OF AGREEMENT

I declare that the aforementioned statements are true and correct to the best of my knowledge.

_____ Signature	_____ Date
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FOR OFFICE USE

_____ Date Application Received	_____ Registration Form & Fee Received	_____ Amount of Award
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