

Financial Aid Application - 2017

Stringendo, Inc. is a private, non-profit organization with a mission to provide quality music education and a supportive musical community for students. Stringendo provides tuition assistance funds for children in families that exhibit financial need to attend orchestras, fiddle classes, or Summer Strings.

Incomplete applications are not considered. All financial and personal information is held in strict confidence.

For this application to be considered complete, please be advised of the following:

- This form must be accompanied with a copy of the first 2 pages of each supporter's most recently filed IRS Income Tax Return (1040 or 1040A).
- Please use a dark permanent marker to conceal any social security numbers listed on all included forms.
- Musician for whom assistance is sought MUST be listed as a "dependent" on line 6c of the included 1040 or 1040A.

To apply for	r a scholarship, please send:					
Com	npleted financial aid form					
☐ Req	uired tax forms as listed above					
☐ Con	npleted program registration fo	rm				
☐ Reg	istration deposit for program (\$	325 per program or \$25	per week for Summer St	rings)		
For which p	rogram(s) are you applying for f	financial aid:				
	Orchestra Program	_ Fiddle Program	Summer Strings	Trip		
Parent/Gua	rdian Name					
Address, Cit	zy, Zip					
Phone	Phone Email					
Child's Nam	ne					
A ~ ~	la atur una a at	Voor	a of Childre			
Age	Instrument		s of Study			
School			Grad	0.		
3C11001.				c		
Number of	members in your household?	Number of depen	dent children Ages			
ivallibel of i	inembers in your nousehold:	Number of depend	Jent children Ages_			
Is your child	l eligible for free/reduced school	ol lunch? free	reduced no	not applicable		



1. What is your total adjusted gross income? (form 1040: line 37, or form 1040: line 21) Include combined TOTAL of adjusted gross income for ALL supporters. 2. Non-taxable income and/or benefits (listed above) received by your family: Social Security Family Gifts or Support Child Support Untaxed Portions of Pensions Welfare Untaxed Portions of Pensions Housing Allowance 3. TOTAL INCOME (add lines 1 and 2) Monthly Family Expenses Rent / Mortgage Payment \$	Please provide answers to the following:		Actual Last Completed Tax Year	Estimated Current Tax Year
Supporters. 2. Non-taxable income and/or benefits (listed above) received by your family: Social Security Unemployment Compensation Family Gifts or Support Untaxed Portions of Pensions Welfare Housing Allowance 3. TOTAL INCOME (add lines 1 and 2) Monthly Family Expenses Rent / Mortgage Payment \$	1. What is your total adjusted gross income?	\$	\$	
2. Non-taxable income and/or benefits (listed above) received by your family: Social Security Unemployment Compensation Family Gifts or Support Interest on Tax-Free Bonds Child Support Welfare 3. TOTAL INCOME (add lines 1 and 2) Monthly Family Expenses Rent / Mortgage Payment \$	1040A: line 21) Include combined TOTAL of ac	djusted gross income for ALL		
Social Security Unemployment Compensation Family Gifts or Support Interest on Tax-Free Bonds Child Support Untaxed Portions of Pensions Welfare Housing Allowance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
Family Gifts or Support Untaxed Portions of Pensions Welfare Housing Allowance 3. TOTAL INCOME (add lines 1 and 2) \$ \$ \$ Monthly Family Expenses Rent / Mortgage Payment \$ Rent Mortgage Average Monthly Utilities \$ (list): Other Monthly Expenses \$ (list): Please list any extenuating circumstances and subsequent financial implications that show your need aid. I attest that the information I have provided is true to the best of my knowledge. I understand that la incomplete forms will not be considered. Signature Date	2. Non-taxable income and/or benefits (listed	\$	\$	
Child Support Welfare Housing Allowance 3. TOTAL INCOME (add lines 1 and 2) \$ \$ \$ Monthly Family Expenses Rent / Mortgage Payment \$ Rent Mortgage Average Monthly Utilities \$ (list): Other Monthly Expenses \$ (list): Please list any extenuating circumstances and subsequent financial implications that show your need aid. I attest that the information I have provided is true to the best of my knowledge. I understand that la incomplete forms will not be considered. Signature Date	Social Security Unem	ployment Compensation		
Welfare Housing Allowance 3. TOTAL INCOME (add lines 1 and 2) \$ \$ Monthly Family Expenses Rent / Mortgage Payment \$ Rent Mortgage Average Monthly Utilities \$ (list): Other Monthly Expenses \$ (list): Please list any extenuating circumstances and subsequent financial implications that show your need aid. I attest that the information I have provided is true to the best of my knowledge. I understand that la incomplete forms will not be considered. Signature Date	Family Gifts or Support Interes	est on Tax-Free Bonds		
3. TOTAL INCOME (add lines 1 and 2) \$ \$ Monthly Family Expenses Rent / Mortgage Payment \$	Child Support Untag	xed Portions of Pensions		
Monthly Family Expenses Rent / Mortgage Payment \$	Welfare Hous	ing Allowance		
Rent / Mortgage Payment \$ Rent Mortgage Average Monthly Utilities \$ (list): Other Monthly Expenses \$ (list): Please list any extenuating circumstances and subsequent financial implications that show your need aid. I attest that the information I have provided is true to the best of my knowledge. I understand that la incomplete forms will not be considered. Signature Date	3. TOTAL INCOME (add lines 1 and 2)		\$	\$
Rent / Mortgage Payment \$ Rent Mortgage Average Monthly Utilities \$ (list): Other Monthly Expenses \$ (list): Please list any extenuating circumstances and subsequent financial implications that show your need aid. I attest that the information I have provided is true to the best of my knowledge. I understand that la incomplete forms will not be considered. Signature Date	Monthly Family Evanges			
Average Monthly Utilities \$			D. Martanan	
Other Monthly Expenses \$ (list):	Rent / Mortgage Payment \$	L Kent L	J Mortgage	
Please list any extenuating circumstances and subsequent financial implications that show your need aid. I attest that the information I have provided is true to the best of my knowledge. I understand that la incomplete forms will not be considered. Signature Date	Average Monthly Utilities \$	(list):		
Please list any extenuating circumstances and subsequent financial implications that show your need aid. I attest that the information I have provided is true to the best of my knowledge. I understand that la incomplete forms will not be considered. Signature Date	Other Monthly Expenses \$	(list):		
incomplete forms will not be considered. Signature Date	aid.			
	•	d is true to the best of my know	/ledge. I understand t	hat late or
Return with your deposit to: Stringendo, Inc., 1580 Route 376, Wanningers Falls, NY 12590	Signature		Date	
For Office Use Only:	Return with your deposit to: Stringendo, Ir	nc., 1580 Route 376, Wappinger	s Falls, NY 12590	

Notice of Non-discriminatory Policy: Stringendo, Inc. admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. Stringendo, Inc. does not discriminate on the basis of race, creed, color, religion, disability, national origin, sexual orientation, gender expression, military status, sex, age or marital status in any of its activities or operations.

Date notified

Amount awarded _____

Date Received