Westminster Conservatory
The Community Music School of Westminster College of the Arts of Rider University

101 Walnut Lane
Princeton, NJ 08540-3899
609 921-7104 x8355

Financial Aid Information

To apply for Westminster Conservatory’s Financial Aid Program, please complete the entire application and attach a copy of your most recently filed federal income tax form (1040, 1040A, 1040EZ). It is not necessary to attach other schedules and forms submitted with your 1040 (e.g. Schedule A, Form 2106, et. al.). All information submitted is confidential. Awards are based on need. The amount of financial aid is determined by a sliding scale, which takes into account household income and number of dependents. Registration forms for all students and all classes must be submitted to the Conservatory, along with the registration fee and all required tuition deposits. Applying for financial aid does not exempt the applicant from registration fees and deposits.

Please apply as early as possible. If you have any questions or would like assistance completing this Application, please call the Conservatory office at (609) 921-7104.

Deadline: Return your completed materials to the Westminster Conservatory. Original applications must be submitted by mail or hand-delivered to the Princeton Campus no later than two weeks prior to the starting date of the student’s first lesson or class. FAX COPIES WILL NOT BE ACCEPTED. Applications received after the start of the academic year (early September) will be considered based on the availability of funds.

How to Apply: 1. Complete registration forms for all students and all classes and submit to the Conservatory, along with the registration fee and all required tuition deposits. 2. Complete all sections of the Financial Aid Application, including the Letter of Agreement. 3. Attach a copy of your most-recently filed federal income tax form (1040, 1040A, 1040EZ). If you do not file a federal income tax form, please submit copies of other verification of income and/or support. 4. Call the Conservatory office at (609) 921-7104 for help completing the application. 5. Only completed and signed applications will be considered. 6. Applications from families with an outstanding account balance will not be considered until the balance is paid in full.

Award: 1. Reduced tuition based on a sliding scale for lessons, classes or ensembles. 2. Award applies to one academic year only.

Deadlines to Claim Award: To claim an award, any balance of tuition not covered by the award must be paid by the deadlines specified by the Conservatory. Failure to do so may result in the forfeiture of the award.

Award Obligations: 1. Consistent attendance at lessons, classes and/or ensembles. 2. Consistent practice and preparation for lessons, classes and/or ensembles. 3. Positive evaluations from teachers. 4. Balance of tuition not covered by financial aid must be paid in full by the deadline specified by the Conservatory. 5. Student should be willing to volunteer to assist with Conservatory fundraising activities, if asked to do so.

Return Materials to: Westminster Conservatory of Music Financial Aid Program 101 Walnut Lane Princeton, NJ 08540-3899

Westminster Conservatory is the community music school of Westminster College of the Arts of Rider University
Westminster Conservatory of Music
Financial Aid Application

Please complete all sections of this application. Only competed Financial Aid Applications will be considered. The attached Letter of Agreement and copy of your most recently filed federal income tax form (1040, 1040A, 1040EZ) must be returned with your completed application. It is not necessary to attach other schedules and forms submitted with your 1040 (e.g. Schedule A, Form 2106, et. al.). If you do not file a federal income tax form, please submit copies of other verifications of income and/or support. In addition, you must submit completed registration forms for all students and all classes, along with the registration fee and all required tuition deposits. If you have any questions or would like assistance completing this Application, please call the Conservatory office at (609) 921-7104.

PLEASE TYPE OR PRINT CLEARLY – Answer all questions carefully.

Family Information

Parent/Guardian or Adult Student (first, last names): ________________________________________________

Billing Address: ____________________________________________________________________________________

______________________________________________________________________________________________________

Home Phone: ( ) ________________________________ Work Phone: ( ) ________________________________

Number of Dependents (as listed on your federal income tax form): __________

Do you qualify for the free or reduced lunch program at your school? __________

Financial Information – Current Annual Income:

Adjusted Gross Income from federal tax form: $ __________________________

Other Income:

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Total Current Annual Income $ __________________________ *

* If this amount is different from your Adjusted Gross Income listed on your federal income tax form, please explain:

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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______________________________________________________________________________________________________
Westminster Conservatory of Music
Letter of Agreement

Name and Address of Applicant
(Parent/Guardian or Adult Student):
__________________________________________________
__________________________________________________
__________________________________________________

Name(s) of Student(s):
__________________________________________________

Westminster Conservatory of Music strives to be the best community music school in the country. As a potential recipient of financial aid, you must meet the six expectations outlined below. This will ensure that you receive the best possible music education, and that Westminster Conservatory makes the best use of its limited financial resources.

Expectations:

1. Student agrees to participate in Conservatory fundraising activities and/or to assist with Conservatory functions if asked to do so.

2. Student will attend all lessons, classes and ensembles for which they are registered. If the student is unable to attend a session, he/she will notify the teacher as soon as possible. Repeated absences will jeopardize a student’s financial aid eligibility.

3. Student will be on time for all lessons/classes.

4. Student will bring appropriate materials to lessons/classes.

5. Student will practice and prepare for each lesson according to requirements designed by the teacher and student.

6. Applicant (named above) will meet established payment deadlines for tuition bills not covered by financial aid.

Students receiving financial aid will be reviewed twice during the academic year to verify compliance with the above expectations. Failure to meet the above expectations may result in the loss of aid and/or suspension of lessons.

I certify that I have read and understand this Letter of Agreement and, where applicable, have discussed it with the students listed above. I agree to abide by these expectations and/or assist the students with them.

I further certify that I have provided current, accurate and truthful information. I understand that, should I receive financial aid, I will be responsible for paying any tuition balance and applicable fees by the deadlines established by the Conservatory. I understand that the instructor will be informed that I am a recipient of financial aid (excluding the actual dollar amount) in order to help the evaluation process.

__________________________________________________
Signature of Parent/Guardian or Adult Student

Date

Applications received after the start of the academic year will be considered based on availability of funds.
PLEASE TYPE OR PRINT CLEARLY – Please list the activities for which each family member will be requesting aid. If awarded, the aid can only be applied towards the activity/activities that are listed on this form. Additional activities will be considered only if funds are available.

**PLEASE NOTE; This is not a registration form.**
You must submit completed registration forms for all students and all classes, along with the registration fee and all required tuition deposits.

| Student Name (first, last) | Age (Optional, if over 18)* | Ethnicity (Optional)* | Instrument/Class/Ensemble | Lesson Length | Teacher | OFFICE USE ONLY |
|---------------------------|-----------------------------|-----------------------|---------------------------|--------------|---------|----------------|}
|                           |                             |                       |                           |              |         |                |
|                           |                             |                       |                           |              |         |                |
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|                           |                             |                       |                           |              |         |                |
|                           |                             |                       |                           |              |         |                |

* Columns marked “Optional” are used for statistical and fundraising purposes only and will be held anonymous and strictly confidential.

**For office use only:**

Received: ____________  Amt: ____________  Notification: ____________  Access: ____________