

The John F. Kennedy Center for the Performing Arts Education Department

OFFICE USE ONLY:
Rec: ___ / ___ / ___
IRS: 2018 2019
Status: A W D
Amt: \$ _____

NSO Summer Music Institute Financial Aid Application

**Deadline for both applications:
Monday, January 20, 2020**

If you are interested in applying for financial aid to help defray **transportation and food** expenses, please complete the following application. Information on this form will be kept confidential. **Monday, January 20, 2020 is the deadline for submitting the financial aid application as well as for the SMI online application (www.kennedy-center.org/smi).** The financial aid form must be **mailed** to the Kennedy Center, **postmarked by Jan. 20, 2020** to:

SMI/Financial Aid
NSO Education
Kennedy Center
PO Box 101510
Arlington, VA 22210

Students selected to participate in SMI will be notified of any financial aid awards in their acceptance letter. Financial aid requests are reviewed after the audition/selection process and have no bearing on a student's acceptance to the program. **A limited amount of financial aid for transportation and food during the Institute is available in cases of extreme need.** Financial Aid Application for US applicants only.

A copy of parent(s) or guardian(s) 2019 or 2018 Federal Income Tax Return must accompany this application in order to verify financial information. Without this document, the application is incomplete.

Please note: If 2018 Return is used, please estimate what the 2019 information will be (if significantly different) and include it with the application. A copy of the 2019 Return may be requested at a later date. Any significant changes in income may affect the amount of aid awarded.

Student's Name: _____
(last) (first) (middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ (day) (_____) _____ (eve) (_____) _____ (cell)

Parent Email Address _____

Other members of the household:

<u>Name</u>	<u>Relationship to Student</u>
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_____	_____
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_____	_____
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Number of household members in school: _____

Total gross household income: _____

Other sources of income (i.e. inheritance, veteran's benefits, etc.): _____

Total amount in savings account(s): _____

Total Amount of Aid requested (can include both food expenses during SMI and travel to/from SMI): \$ _____

List approximate amount of round trip travel expense \$ _____

List approximate amount of food expense requested \$ _____ (maximum food request is limited to \$420 or \$15 per day of SMI)

You may attach a brief letter or supplemental documentation explaining any significant changes in income or other extenuating circumstances that should be taken into consideration.