

College-Conservatory of Music

preparatory department

FINANCIAL AID APPLICATION 2009/2010

Student's Name: _____

Student's Address: _____

Parent's Names: Father: _____

 Mother: _____

Phone Numbers: Home: _____ Work: _____

Email: _____

Academic semester for which financial aid is requested: _____

Class or Instrument: _____

Teacher: _____

This form must be accompanied by a copy of your **most recent income tax form**. If this is unattainable, another record of income can be substituted. All information will be kept confidential. This form must be submitted **each semester**. *The financial aid will be renewed each semester based on the teacher's evaluation and student's improvement.* All students and/or their families are responsible for obtaining the evaluation from the teacher and submitting it to the Prep Office before the start of the next semester. In addition, the student is responsible for payment of the **\$20.00 registration fee**. This fee is not included in the financial aid. **It is the responsibility of the student to obtain a written recommendation from their teacher, which must be submitted to the Prep Office before the assistance is awarded.**

I request financial assistance for my child. I certify that all of the information that I have given is true, and I understand that any falsification will lead to cancellation of the financial aid and expulsion of the student.

Signature: _____ Date: _____

Office Use Only:
Date Submitted: _____ Awarded _____

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FINANCIAL AID INFORMATION 2009/2010

Limited financial aid is available for the upcoming academic year. Priority will be given to students who have demonstrated a commitment to the CCM Preparatory program through a willingness to perform when requested, and who are in studios and classes where the faculty is committed to the goals and objectives of the Preparatory Department. Assistance is awarded based on date of application. No application is considered unless all the information is complete.

- Applying for financial aid does *not* automatically guarantee financial assistance.
- In order to assist as many students as possible, the majority of awards will be for 50% or less of the tuition. Additional group costs, etc, are usually not covered under this program.
- All students must pay the annual \$25 registration fee.
- A most recent tax return must be submitted with the application. It is not necessary to submit the tax return each semester unless the information has changed. A letter that provides additional information which can best assist in determining the critical need for financial assistance is encouraged.
- All students in 9th grade or age 15 and above are required to complete a work-study assignment as part of their financial aid package.
- Priority is given to current students in the Preparatory Department.
- New students who exhibit both talent and financial need AND have a recommendation from a teacher outside CCM can apply for financial assistance.
- All students must fill out a form each semester they are requesting assistance, and submit it *prior* to the beginning of the semester.
- It is the responsibility of the student to ensure that the office receives the teacher recommendation form.
- If a student fails to attend lessons or classes, the financial aid will be revoked. If a teacher feels that the student is not applying him/her self to his/her studies, the financial aid may be discontinued. If an account is not paid in full, financial aid may not be awarded for future study.

4. What is your schedule on Saturday? What hours would you be available to help on Saturdays?
5. Would you be interested in a short-term assignment or an on-going position?

6. Do you have transportation to get to CCM?

7. Would you rather have an assignment that allows you to work at home? Do you have access to a computer and internet at home?

Please mail this with the rest of the application materials to:

*Amy Dennison, Director
University of Cincinnati
CCM Preparatory Department
PO Box 210236
Cincinnati, Ohio 45221-0236
Or email amy.dennison@uc.edu*

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FINANCIAL ASSISTANCE RECOMMENDATION FORM

Name of student: _____

Instructor Name: _____

Semester: _____ Instrument/area: _____

Please complete the following areas. At the bottom, please indicate whether this student should be considered for continued financial assistance. It is the student's responsibility to deliver this to the office. If we do not receive this by the beginning of the next semester, the student will not be eligible for assistance for that semester. Please note: scholarship fees are not automatically renewed; the financial health of the department must be taken into consideration.

Please comment on the following areas:

Ability:

Improvement:

Attendance and preparation:

I do _____ do not _____ recommend this student for continued assistance for the upcoming semester.

Instructor's name

Date