

# North Carolina Chamber Music Institute

## Financial Aid Form

A limited number of scholarships will be awarded **based on need**. Each scholarship will be considered on an individual basis. A key criterion that NCCMI uses for this determination is the Federal Income Chart, shown below.

All students must register online (including registration fee), audition for admission and sign the NCCMI Program Guidelines Form.

In cases of extreme need, the registration fee can be waived.

To apply for tuition assistance for NCCMI, please provide the following:

- 1) This completed Financial Aid Form
- 2) Copy of pages 1 and 2 of your 2023 Form 1040 federal income tax return.

### SECTION A

Applicant's Name: \_\_\_\_\_ Instrument played: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student Phone: (\_\_\_\_\_) \_\_\_\_\_ School attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Title/ Occupation: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Private/Public Music Instructor: \_\_\_\_\_ Instructor phone: \_\_\_\_\_

Instructor email address: \_\_\_\_\_

Scholarships are intended to cover all or part of **tuition** costs.

To what degree are you requesting financial aid? ☐ Partial Tuition ☐ Full Tuition

### SECTION B

1. Is your child currently getting free or subsidized lunch at school? \_\_\_\_Y \_\_\_\_N

2. Do you receive any other allotment of monies from agencies representing Aid to families with dependent children and/or NC public aid and/or food Stamps/WIC? If yes, how much monthly \_\_\_\_\_ ?

3. Qualifies for Medicaid? \_\_\_\_Y \_\_\_\_N

Please provide documentation of proof for any above "yes" items in questions 1, 2 or 3.

4. Is this a single parent or two parent household? \_\_\_\_\_

5. What is the household size (number of full-time occupants during the school year)? \_\_\_\_\_

6. Have you received scholarship aid from NCCMI before this year? \_\_\_\_Y \_\_\_\_N

7. If yes, when and what amount? \_\_\_\_\_

(Continued next page)

8. Number of immediate family members under age 18 \_\_\_\_\_ How many siblings in college? \_\_\_\_\_
9. Are there other factors that we should consider in the distribution of financial aid? Please attach, if necessary.

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10. Are you in need of a payment plan if tuition assistance is not approved or only partially funded? \_\_\_\_Y\_\_\_\_N  
If so, check preferred payment plan option: \_\_\_\_Two-Part Payment Plan \_\_\_\_Four-Part Payment Plan
11. Volunteer work is not mandatory for scholarship consideration; however, NCCMI appreciates any help offered. Do you or does anyone in your family have special suggestions or skills that you would like to make us aware of?  
If yes, please explain. \_\_\_\_\_
12. Check here to confirm that you have attached a copy of pages 1 & 2 of your most recent Form 1040 federal income tax return: \_\_\_\_\_

**I declare that all the information submitted is complete and correct to the best of my knowledge. I understand that I am responsible for paying all balances by agreed upon date and reporting any increases or decreases in my family's income/expense to NCCMI immediately.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (Please print or type) \_\_\_\_\_

**Email to Elizabeth Beilman at [nccmi.beilman@gmail.com](mailto:nccmi.beilman@gmail.com) or mail to: NCCMI Scholarships, 3131 Ashel St., Raleigh, NC 27612.**

<b>FEDERAL ELIGIBILITY INCOME CHART</b> (based upon the following income for 2020-2021)					
Household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional family member add:	8,399	700	360	324	162