



Boyer Scholarship Application

Participants who believe they may be eligible for a need-based scholarship should complete the application below and return it to the Canton Symphony Orchestra by **April 15, 2017**. You may apply for aid in person, by mail or by fax but all applications must be received by our office on or before April 15th to be eligible for consideration.

Scholarship recipients will be notified by mail before May 15, 2017. Funds will be dispersed directly to the student's college. If the musician does not attend college or subsequently becomes ineligible for the scholarship, the Canton Symphony Orchestra reserves the right to rescind the scholarship offer and apply the funds to another eligible musician meeting the scholarship criteria.

Given the limited number of funds at the Canton Symphony's disposal, we use a family's financial information to help us determine need. It is important that you include a copy of the current year's FAFSA. Do not send originals, only copies of the originals. All information collected will remain confidential.

Musician's Name _____

Ensemble _____

Primary Instrument: _____

Primary Parent/Guardian _____

Secondary Parent/Guardian _____

Address _____

City/State/Zip _____

Primary Parent/Guardian Marital Status _____

Musician(s) Live(s) With _____

FINANCIAL INFORMATION

Adjusted Gross Income (line 37 on IRS form 1040) _____

Income attributable to other adults (filing separately) living in household _____

Child Support Income (only if not listed on tax return) _____

Non-taxable income (SSI/SSD, food stamps, survivor's benefits, etc) _____

Number of Dependents on Federal Tax Form _____

We recognize that the above does not reflect all household expenses incurred. Please use the following space to provide other relevant (extraordinary) expenses or information. This may include large medical or education expenses, recent job loss, etc.

College Information

College Attending in Fall: _____

Intended Major: _____

College Address: _____

City: _____ State: _____ Zip: _____

By signing below I certify that all of the information on this form is true and complete to the best of my knowledge. I realize that incomplete information or any fraudulent information given can result in denial or reversal of Financial Aid.

Signature

Date

Please return form to Canton Symphony Orchestra, ATTN: Boyer Scholarship, 2331 17th St NW, Canton, OH 44708. You may also fax your application to 330-452-4429.