

**College – Youth Symphony**  
**Music Department**  
**State University of New York at New Paltz**  
**1 Hawk Drive**  
**New Paltz, NY 12561**  
**845.257.2713**  
**www.collegeyouthsymphony.org**

**APPLICATION FOR FINANCIAL AID**

Student's Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father

Mother

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

Father

Mother

Names and ages of other children in family:

\_\_\_\_\_

Child 1

\_\_\_\_\_

Child 2

\_\_\_\_\_

Child 3

\_\_\_\_\_

Child 4

What special circumstances exist which would qualify you for financial aid?

Parent's signature: \_\_\_\_\_

\_\_\_\_\_

Date