

Part A. Name of Applicant: _____



Da Capo Alliance

Paris Flute Class Financial Aid Application

Postmark deadline to apply for financial aid: February 28, 2018
To be considered for financial aid, all application materials must also be postmarked by February 28.

Financial Aid Application Procedure

All financial aid applicants must submit Student Financial Profile (Part A).

If you are a **dependent**, you must also submit **Parents Financial Profile (Part B)**.

Answer the questions below to verify whether or not you are dependent:

1. Are you currently enrolled as an undergraduate student and under the age of 24? **Yes No**
2. Did you receive more than \$1000 from your parents during 2017 in any form (including tuition, housing, gifts, or loans)? **Yes No**
3. Are you claimed as a dependent on your parents' tax returns for 2017, OR will you be for 2018? **Yes No**

If you answered "yes" to **any** of the questions above, you are dependent and must submit **both** Part A **and** Part B. If you answered "no" to **all** of the questions above, you are independent and do not need to submit Part B.

Before certain financial aid awards are offered, we may ask for income verification in the form of pay stubs and/or IRS 1040 forms, including W2 and 1099 forms from 2017.

Incomplete applications will not be considered. Send all financial aid materials to:

Da Capo Alliance
587 First Avenue
Salt Lake City, UT 84103

It is highly recommended that before you submit your financial aid application, you make copies of all materials for your own records.

Part A. Name of Applicant: _____

Part A: Student Financial Profile

To be completed by ALL financial aid applicants

Be sure to answer all questions. Do not leave blanks. If something does not apply to you, please write "N/A." Information will be held in strict confidence.

Student Date of Birth: _____

Please report your income. If you filed taxes, these amounts should match what you reported on IRS Form 1040, line 22.

2016 income: \$ _____ Job description: _____

2017 income: \$ _____ Job description: _____

Anticipated income for 2018: _____

If this is significantly different from 2016 and 2017, please explain why: _____

Do you speak French? No _____ Somewhat _____ Fluently _____

- Most financial aid we offer will involve Fellowship positions, in which financial help is offered in exchange for student help with certain logistical aspects of the program. Your answer will not affect the amount of your award but will help us determine what type of Fellowship duties may be appropriate for you.

List all colleges, universities, or conservatories you have attended, including dates of attendance at each:

List all financial aid you have received from these educational institutions, government grants, awards from foundations, other awards or prizes, and any other sources. Include sources and amounts:

List any student educational debt, including amounts:

Have you applied to any other sources for financial aid to attend the Da Capo Paris Flute Class, OR do you have plans to apply for other assistance? If your answer is "yes," please specify sources, amounts received or expected, or "application in process." (Notify Da Capo Alliance promptly in writing of any other aid received after filing this application.)

Part A. Name of Applicant: _____

If you and/or a legal spouse have purchased a house, please provide the following information:

Purchase date _____ Purchase price _____
Current value _____ Amount owed on mortgage _____

Are you married? Yes _____ No _____

If "Yes," provide the following information:

Spouse Name: _____

Spouse Address and Phone: _____

Spouse Occupation and Employer: _____

Spouse's total income for: 2016 \$ _____ 2017 \$ _____

Spouse's anticipated income for 2018 \$ _____

If this is significantly different from 2016 and 2017, please explain why: _____

All Applicants: Do you have children? Yes _____ No _____

If yes, how many? _____

Will you provide more than half of their support during 2018? Yes _____ No _____

Please use the space below to describe any other circumstances you would like the Da Capo Alliance financial aid committee to consider as part of your application:

Read, sign, and date the following statement:

I certify that the information I have provided in this form is true and complete. I agree to inform the Da Capo Alliance of any additional financial aid I receive after submitting this application.

Print Applicant Name: _____

Applicant Signature: _____ Date: _____

Print Spouse Name: _____

Spouse Signature: _____ Date: _____

Part B. Name of Applicant: _____

Part B: Parents Financial Profile

To be completed by DEPENDENT financial aid applicants

Be sure to answer all questions. Do not leave blanks. If something does not apply to you, please write "N/A." Information will be held in strict confidence.

Parent 1:

Name _____

Home Address _____

Phone _____

Occupation _____

Employer _____

Parent 2:

Name _____

Home Address (if different) _____

Phone _____

Occupation _____

Employer _____

Note that if your natural or adoptive parents are divorced, for this question you need only provide information for the parent who claims you as a dependent on his/her taxes, and for your step-parent (if any).

Please report your parents' income. These amounts should match what was reported on IRS Form 1040, line 22.

Parent 1:

Total income, 2016 \$ _____

Total income, 2017 \$ _____

Total expected income, 2018 \$ _____

Parent 2:

Total income, 2016 \$ _____

Total income, 2017 \$ _____

Total expected income, 2018 \$ _____

If either of the reported 2016 amounts are significantly different from 2016 or 2017, please explain why: _____

If parents have purchased a house, provide the following information:

Purchase date _____ Purchase price _____

Current value _____ Amount owed on mortgage _____

As of today, what is the net worth of your parents' additional investments, including real estate? \$ _____

What financial contribution do your parents expect to make towards your education expenses in 2018? \$ _____

Part B. Name of Applicant: _____

List all family members who receive more than one-half of their financial support from your parents. Do not include yourself or your parents.

Full Name	Age	Relationship to parents	College name if attending	Parents' college contribution, 2018
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Provide the following information if your natural or adoptive parents are divorced:

Other parent's name _____

Home address _____

Occupation _____

Employer _____

What financial contribution does this parent expect to make towards your education expenses in 2018? \$ _____

Read, sign, and date the following statement:

I certify that the information provided in this form is true and complete. I understand that before certain financial aid awards are offered, income verification in the form of pay stubs and/or IRS 1040 forms may be required, including W2 and 1099 forms from 2017.

Print Applicant Name: _____

Applicant Signature: _____ Date: _____

Print Parent 1 Name: _____

Parent 1 Signature: _____ Date: _____

Print Parent 2 Name: _____

Parent 2 Signature: _____ Date: _____