



MSU Community Music School-East Lansing
Confidential Application for Financial Aid

Application Deadlines: Fall Semester 2020: September 19, 2020
Spring Semester 2021: February 6, 2021
Summer Semester 2021: Two-three weeks before lessons/program begins

Student Name: _____
Last First M.I.

The CMS Confidential Application for Financial Aid consists of four components:

- Section I Financial Information Form,
- Section II Registration Form,
- Section III Copy of your most recent 1040 tax form or other proof of income, and
- Section IV \$20 deposit towards the tuition.

It is the responsibility of the applicant or applicant's parent/guardian to see that all items are completed and returned to CMS by the published deadline listed above. **Only complete applications are considered. All financial information is kept strictly confidential.**

Financial aid awards are deducted from total tuition charges; no money changes hands between CMS and aid recipients. For fall applicants, awards are granted for the entire school year when possible and based on registration for the full program length or two 17-week semesters. For new spring applicants, awards are granted for the full program length or one 17-week semester. Registration for less than the full program length or 17 weeks each semester will result in a prorated award based on the number of lessons/classes/rehearsals. Financial aid for summer must be requested separately.

Students will be notified in writing within two-three weeks of the semester deadlines regarding their award status. Applications received after the deadlines above will be considered as long as financial aid funds are available, and applicants will be notified within two-three weeks of submitting a completed financial aid form.

Withdrawal from any program during the semester for any reason except for special circumstances approved by the Community Music School Director will result in revocation of the financial aid award. Approved withdrawals will result in prorated aid according to the number of lessons/classes/rehearsals received at the date of withdrawal. In some cases, an additional payment may be required. Early withdrawal without the approval of the Director will result in revocation of the financial aid and full payment will be required. Withdrawal from lessons before October 31 will result in a refund or credit of 8 lessons for the fall semester tuition and no charge for the spring semester. Withdrawal from lessons for the spring semester before March 13 will result in a refund or credit of 8 lessons. Refunds for classes or ensembles are not possible after the first class/ensemble meeting.

The acceptance of financial assistance from CMS carries with it an obligation on the part of the student to attend groups or sessions on a regular basis and work diligently on making progress in his/her principal area of study. CMS reserves the right to revoke the aid award to any student whose work or behavior is deemed unsatisfactory.

Award of financial aid for 2020-21 does not guarantee assistance in the future. Financial aid applications must be completed each year. A parent or guardian of each financial aid recipient will be required to sign a letter of agreement accepting the financial aid and to return it within two weeks of notification of the award.

Completed forms must be mailed or hand-delivered in hard copy to:

Administrative Assistant
MSU Community Music School
4930 S. Hagadorn Rd.
East Lansing, MI 48823

For Staff Use Only

Date Application Received: _____ Paid: \$ _____ SSP ID #: _____
Date notification email/letter sent: _____ Date entered on registration: _____ Fees waived with award:

Section I: Financial Information Form

PLEASE PROVIDE ANSWERS TO THE FOLLOWING:	Actual Previous Tax Year	Estimated Current Tax Year
1. What is your total household adjusted gross income? <i>(Form 1040, 1040A or 1040EZ - Copy of tax return or other proof of income is required)</i>	\$	\$
2. Non-taxable income – Please check all categories that apply to you: <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Family Gifts or Support <input type="checkbox"/> Interest on Tax-Free Bonds <input type="checkbox"/> Child Support <input type="checkbox"/> Untaxed Portions of Pensions <input type="checkbox"/> Welfare <input type="checkbox"/> Housing Allowance	\$	\$
3. TOTAL INCOME <i>(add lines 1 and 2)</i>	\$	\$
4. Household Size: Please indicate the total number of persons living within your household dependent on this income:		TOTAL HOUSEHOLD SIZE
5. College Tuition: Please indicate the total costs of all dependents attending a higher learning institution for the current school year: <i>(actual amount paid out-of-pocket after financial aid)</i>		TUITION
5. Unemployment: Enter the number of months the primary and/or secondary wage earner has been unemployed this current calendar year:		PRIMARY
		SECONDARY
6. Other: Please list any other extenuating circumstances that qualify your need for financial aid (medical expenses, other therapies, etc): <i>(please attach additional documentation if applicable)</i>		

Required Question

(please indicate one)

- How much can you contribute towards the tuition? \$ _____

- per semester
- per month
- per week

(Your application will not be considered complete unless this question is answered)

Affirmation of Application

Please confirm with the checklist below that you have completed all sections and included the following with your application:

- Section I: Financial Information Form
- Section II: Registration Form *(separate summer camp registration forms are also required for those requesting aid to attend)*
- Section III: Proof of income (1040 Tax Form)
- Section IV: \$20 tuition deposit
- Signature

Your application will be incomplete and not considered for aid without each of the above. The signatures below affirm that the information contained herein is accurate, true and complete to the best of knowledge. For students under the age of 18, a parent/guardian signature is required.

Signature		Date	
Relationship to Student (Parent/Guardian)			



Community Music School
College of Music
MICHIGAN STATE UNIVERSITY

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MSU Community Music School – Registration Form

MSU Community Music School
4930 S. Hagadorn Rd.
East Lansing, MI 48823
Phone: (517) 355-7661
Fax: (517) 355-3292
www.cms.msu.edu

MSU Community Music School-Detroit
3408 Woodward Ave.
Detroit, MI 48201
Phone: (313) 578-9716
Fax: (313) 578-9701
www.cms.msu.edu

Date: _____

New Family
 Returning Family
 Fall
 Spring
 Mini Semester
 Summer

Parent/Guardian/Adult Student Name(s): _____

Last First

Last First

Address: _____

Street City State Zip

Phone: _____ **Email:** _____

Home Cell Phone

Phone: _____ **Email:** _____

Home Cell Phone

Place of Employment: _____ **Work Phone:** _____

Place of Employment: _____ **Work Phone:** _____

How did you hear about CMS? _____

Student Name/ Birth Date	Course/Teacher	Semester	Day/Time	Lesson/Class Length	Price	Number of weeks	Total Tuition

Total Due \$ _____

Payment Terms: _____ Lump Sum (full year) _____ Lump Sum (by semester) _____ Monthly (4 payments/sem)

Payment Method: _____ Credit Card _____ Check/Cash

I authorize the MSU Community Music School to charge my credit card (CMS does not keep credit card numbers after they have been charged):

Card Number _____ Exp. Date _____

Signature _____ Today's Date _____

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Confidential Medical Treatment Information/Authorization

Yes No

 Does the student have any chronic health problems or illnesses? _____

 List any medications he or she is now taking for treatment of any medical problem. _____

Are there any other special needs or concerns CMS should know about the student? _____

Emergency Contacts in Preferred Calling Order:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Official Medical Treatment Authorization:

I (parent/guardian/adult student), _____ recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child or myself, and I further recognize that MSU Community Music School staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature (Parent/Guardian/Adult Student) Date

Consent to Participate at CMS (for students under 18 years of age)

I am the parent or legal guardian of _____ and I consent and authorize permission that he/she is permitted to engage in lessons, classes, performances, and other related activities at the MSU Community Music School. I understand that I am fully responsible for my student at all times while on the CMS premises.

Signature (Parent or Guardian) Date

Media Information

CMS uses photography and video to document lessons, classes and events. These photos may be used in brochures, advertising or public relations activities. Photographs featuring registered students are considered eligible for publication or public use unless a student (or parent/guardian of a student under age 18) submits a Request for Non-Use form, available through the Registrar.

Signature (Parent/Guardian/Adult Student) Date

Approval of Student Policies and Procedures

My signature below indicates that I have received and understand the student policies and procedures of the Michigan State University Community Music School and I agree to their terms. I understand that if the required signature below is not received, the student may not attend until a signature is returned, and there will be no refunds for lessons, classes, or ensemble rehearsals missed due to non-receipt of the required signature.

Signature (Parent/Guardian/Adult Student) Date