

MYSA Financial Need Application

Date of application: _____

NAME of STUDENT _____

ADDRESS: _____

School attending _____ GRADE this year _____

Age _____ Birthdate _____ Telephone (____) _____

Instrument _____ How many years played this instrument? _____

List of private teachers (if you have one) and dates of study with each:

1. _____ from ___/___/___ to ___/___/___ Phone _____

2. _____ from ___/___/___ to ___/___/___ Phone _____

3. _____ from ___/___/___ to ___/___/___ Phone _____

(If more, please list on back of this form)

Does your school have an orchestra? Y N Does your school have a band? Y N (circle one)

If yes to either, do you participate in this performing ensemble? Y N

Name of school ensemble teacher _____ Phone _____

I am living with: Parents Father Mother Guardian (circle one)

FATHER (or guardian) _____

Employer _____ Occupation _____

Work Personnel Contact _____ Phone # _____

MOTHER (or guardian) _____

Employer _____ Occupation _____

Work Personnel Contact _____ Phone # _____

Other children in household	name	age	school
_____	_____	_____	_____
_____	_____	_____	_____

(if more, please list on back of this form)

We request a copy of last year's 1040 tax return, showing income. These forms will be shredded upon completion of application.

Please mail application to:

General Manager: Metropolitan Youth Symphony Association
P.O. Box 5254 Portland Oregon 97208