

Adler Arts Center
Confidential Application for Tuition Assistance
FY2021
1700 N Milwaukee Ave., Libertyville, IL 60048
Phone 847-367-0707 Fax 847-367-0804

Please return this application with a copy of your latest federal tax return. If you have no taxable income, please include a paycheck stub, social security benefits letter or ADC forms. If the payer is a full-time student, provide documentation summarizing the amount of support granted to the payer by his or her school, church and/or extended family.

Name of Student: _____ DOB _____

Program for which funds requested _____ Instructor (if known) _____

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Cellular Telephone Number: _____

E-mail Address: _____ Additional E-mail Address: _____

Parent/Guardians' Employers:

Parent/Guardian: _____

Parent/Guardian: _____

Employer #1: _____

Employer #2: _____

Job Title: _____

Job Title: _____

Work Phone #: _____

Work Phone #: _____

Have you received need based financial aid from the Adler Arts Center in the last 12 months? **Yes No**

Household Financial Information

Please list your Adjusted Gross Income from your prior year's income tax returns (line 37 on the 1040 or line 4 on the 1040-EZ). If there are multiple tax returns for your household, please combine the adjusted gross income from all returns.

Total Number of Household Members _____

Total Adjusted Gross Income _____

Supplemental Monetary Support _____

Please explain _____

Total Income and Support _____

Please tell us why you need tuition to enroll yourself or your student in individual music instruction. Please include any information you would consider helpful for our tuition assistance committee to make a decision (*continue on back side if needed*).

Please return this application and the first 2 pages of your most recent 1040 (and/or 1099 if self employed) tax return form. **Incomplete applications will not be reviewed.** If you have no taxable income, please include a paycheck stub, social security benefits letter or ADC forms. If the Heads-of Household are in the U.S. on student and/or non-working visas, please provide appropriate documentation of this status.

I declare that, to the best of my knowledge the information on this application is true, accurate, and complete.

Signature of Parent/Guardian

Date of Application

Nondiscriminatory Policy: The Adler Arts Center admits students of any race, color, national and ethnic, origin to all the rights, privileges, programs, and activities generally accorded or made available to students. The Adler Arts Center does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, tuition assistance programs and other administered programs.

For Office Use Only

Program _____ Instructor _____ Lesson Length _____
Prior Award(s) _____ Current Award _____ Scholarship Account _____