

ELIGIBILITY

Conservatory students are eligible for scholarship consideration in the following instance:

- The applicant is experiencing personal or family financial hardship.
- To evaluate your individual needs, the Conservatory requires a complete application package for review by the Concordia Conservatory Board.

GENERAL INFORMATION

- The amount of the scholarship to be awarded in individual cases will be determined annually based on the estimated need, and the availability of funds.
- The award of any scholarship assumes that the applicant is successfully engaged in his/her studies (i.e. attendance and progress) and may be discontinued if guidelines are not met.
- Each award shall be for a maximum of one academic year. Awards are not automatically renewed from one year to the next. Current recipients of scholarships are required to submit a new application packet each year.

PROCESS

1. Fill out Scholarship Application Form for Financial Assistance, Conservatory Registration Form and submit Registration Fee.
2. Submit a letter of application, addressed to the Executive Director, stating your financial need.
3. Provide a letter from a third-party (e.g. employer, pastor/minister, social services, not a family member) in order to validate the applicant's eligibility.

APPLICATION DEADLINE

- **August 15:** Semester 1 & 2
- **November 1:** Semester 2
- **June 1:** Summer

REQUIRED INFORMATION FOR SUBMISSION

- Completed Application for Financial Assistance
- Letter stating financial need from student or parent/guardian
- Letter from third-party
- Registration Fee

**For more information
914-395-4507 | 203-595-5059
concordiaconservatory.org**

Concordia Conservatory's mission is to inspire, instruct, and enrich lives through music and the arts offering excellence in education, and performance in Westchester and Fairfield Counties.



Application for Financial Assistance

Is this an application for a renewal of a scholarship award? Yes No

Student Name _____ Date of Birth _____

Mother's Name (required for age 18 and under) _____ Cell # _____

Father's Name (required for age 18 and under) _____ Cell # _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Email _____

FAMILY INCOME (optional)

Family income is defined as adjusted gross income, as reported on your federal income tax return.

Adjusted Gross Income:

- \$10,000-\$30,000 \$30,000-\$50,000 \$50,000-\$75,000 Prefer not to answer

Number of immediate family members _____

Please include the following with Application For Financial Assistance:

- Completed Application for Financial Assistance
- Letter stating financial need from student or parent/guardian
- Letter from third-party
- Registration Fee

TERMS OF AGREEMENT

I declare that the aforementioned statements are true and correct to the best of my knowledge.

Signature _____ Date _____

FOR OFFICE USE

Date Application Received _____ Registration Form & Fee Received _____ Amount of Award _____