

# The John F. Kennedy Center for the Performing Arts NSO Education

<b>OFFICE USE ONLY:</b> Rec: ___/___/___ IRS: 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> Status: A W D Amt: \$ _____
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## NSO Summer Music Institute Financial Aid Application

**Deadline for both applications:  
Friday, January 27, 2012**

If you are interested in applying for financial aid to help defray transportation expenses, please complete the following application. Information on this form will be kept confidential. **January 27, 2012 is the deadline for submitting the financial aid application as well as for the SMI online application ([www.kennedy-center.org/smi](http://www.kennedy-center.org/smi))**. The financial aid form must be mailed to the Kennedy Center (postmarked by Jan. 27, 2012) as follows:

SMI / financial aid  
NSO Education  
Kennedy Center  
PO Box 101510  
Arlington, VA 22210

Students selected to participate in SMI will be notified of any financial aid awards in their acceptance letter. Financial aid requests are reviewed after the audition/selection process and have no bearing on a student's acceptance to the program. A limited amount of financial aid for transportation is available in cases of extreme need. Financial Aid Application for US applicants only.

**A copy of parent(s) or guardian(s) 2011 or 2010 Federal Income Tax Return must accompany this application in order to verify financial information.**

Please note: If 2010 Return is used, please estimate what the 2011 information will be (if significantly different) and include it with the application. A copy of the 2011 Return may be requested at a later date. Any significant changes in income may affect the amount of aid awarded.

Student's Name: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (day) (\_\_\_\_) \_\_\_\_\_ (eve) (\_\_\_\_) \_\_\_\_\_ (cell)

Parent Email Address \_\_\_\_\_

Other members of the household:

<u>Name</u>	<u>Relationship to Student</u>
_____	_____
_____	_____
_____	_____
_____	_____

Number of household members in school: \_\_\_\_\_

Total gross household income: \_\_\_\_\_

Other sources of income (i.e. inheritance, veteran's benefits, etc.): \_\_\_\_\_

Total amount in savings account(s): \_\_\_\_\_

Amount of Aid requested for transportation: \$ \_\_\_\_\_ List approximate amount of R/T travel expense \$ \_\_\_\_\_

You may attach a brief letter or supplemental documentation explaining any significant changes in income or other extenuating circumstances that should be taken into consideration.