



NORWALK YOUTH SYMPHONY

FINANCIAL AID GUIDELINES

Our Mission. It is our mission to provide high quality music education and experiences to students and families that is affordable and accessible. We fulfill this mission by providing need based financial aid for NYS orchestra, private lesson and chamber music tuition made available from local contributors and the Memorial and Ramer Funds. Financial assistance is available to all members of the orchestra regardless of age, ability or length of time of membership in the orchestra.

Our Financial Aid. In keeping with our commitment to providing high quality music education, we provide need based financial assistance through the following methods or any combination thereof.

- Tuition grants for NYS orchestral tuition
- Retreat scholarships
- Travel Scholarships, separate application
- Private music lesson grants
- Ticket waiver (for minimum family ticket purchases)

Students whose families are at or below 250% of the attached federal guidelines may qualify for a full orchestra grant. Moreover, students whose families are above the 250% but at or below 400% of said guidelines may qualify for a partial orchestra grant. Partial or full orchestra grant students may also qualify for private lesson grants during the school year at approved private teaching studios. In addition to the federal guidelines, award of these grants is based on available family assets, monthly expenses, the student's commitment to NYS and his/her instrument as well as the special considerations listed below.

In awarding financial aid, special consideration will be given to unemployed and single parents. Moreover, special family circumstances including financial hardship due to medical need or disability, support of extended family, college tuition burdens and multiple family participants in NYS will also be considered. The student's commitment to NYS and/or his/her music lessons will also be taken into consideration in determination of the awards. To this end, the scholarship committee may consult with either the student's private and/or public school teacher and will require progress reports from teachers before additional payments are made.

Volunteer Service Requirement for Aid Recipients. Financial award recipients must volunteer a minimum of 10 hours at NYS. Such service can be performed during rehearsal snack time, chaperoning concerts, at the boutique or other NYS events.

Financial Aid Application Review Process. Families requiring assistance must complete the NYS Financial Aid Form and return it at the first rehearsal or by September 7, 2025 to the NYS office, 71 East Avenue, Unit N, Norwalk, CT 06851. Such information will be reviewed by the financial aid committee made up of the NYS Chairman, Treasurer and Executive Director. Applicants may be required to supply additional information as deemed necessary by the committee. Applications may also be made during the year if family financial circumstances change.

2025 Federal Poverty Level Chart

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the “federal poverty level” (FPL).

Household Size	100%	150%	200%	250%	300%	350%	400%
1	15,650	23,475	31,300	39,125	46,950	54,775	62,600
2	21,150	31,725	42,300	52,875	63,450	74,025	84,600
3	26,650	39,975	53,300	66,625	79,950	93,275	106,600
4	32,150	48,225	64,300	80,375	96,450	112,525	128,600
5	37,650	56,475	75,300	94,125	112,950	131,775	150,600
6	43,150	64,725	86,300	107,875	129,450	151,025	172,600
7	48,650	72,975	97,300	121,625	145,950	170,275	194,600
8	54,150	81,225	108,300	135,375	162,450	189,525	216,600
9	59,650	89,475	119,300	149,125	178,950	208,775	238,600
10	65,150	97,725	130,300	162,875	195,450	228,025	260,600
11	70,650	105,975	141,300	176,625	211,950	247,275	282,600
12	76,150	114,225	152,300	190,375	228,450	266,525	304,600
13	81,650	122,475	163,300	204,125	244,950	285,775	326,600
14	87,150	130,725	174,300	217,875	261,450	305,025	348,600



NORWALK YOUTH SYMPHONY

2025-2026 FINANCIAL AID APPLICATION

Fill out this form COMPLETELY to be considered for a Financial Aid Award.

STUDENT INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME or CELL PHONE _____ EMAIL (list one used most often) _____

PRIVATE TEACHER NAME _____ PHONE/EMAIL _____

PARENT or GUARDIAN FULL NAME _____ PARENT or GUARDIAN FULL NAME _____

PLEASE LIST ALL DEPENDENTS and AGES (circle those in college): _____

Married Single Divorced Widowed Separated Domestic Partnership MARITAL STATUS of Parent(s)/Guardian(s) (please circle)

**If parents/guardians maintain separate households, each party must submit his/her own application.

INCOME AND EXPENSES INFORMATION

	Parent/Guardian	Parent/Guardian
Occupation/Title	_____	_____
Name of Employer	_____	_____
Employer Phone No.	_____	_____
Annual Salary, Wages, Tips, Bonuses etc.	\$ _____	\$ _____
All Other Income (Annual)	_____	_____
Spousal or Child Support	\$ _____	\$ _____
Pensions, Retirement, Social Security	\$ _____	\$ _____
Workman's Comp, Unemployment, SSI	\$ _____	\$ _____
Value of Savings	\$ _____	\$ _____
Value of All Investments	\$ _____	\$ _____
Market Value of Real Estate	\$ _____	\$ _____
Monthly Expenses	\$ _____	\$ _____
Mortgage/Rent	\$ _____	\$ _____
Utilities (oil/gas/electric/water/cable)	\$ _____	\$ _____
Auto Payment & Fuel	\$ _____	\$ _____
Household Expenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____

NYS 2025-2026 FULL-YEAR TUITION and FEES INFORMATION (indicate assigned orchestra, if known)

<input type="checkbox"/> Prelude Orchestra	\$1,080	Amount you will be able to contribute**: \$ _____
<input type="checkbox"/> Philharmonia Strings/Winds	\$ 1,080	
<input type="checkbox"/> Concert Orchestra	\$1,130	Amount you are requesting from
<input type="checkbox"/> Principal Orch includes Carnegie Hall Fee	\$1,480	Financial Aid Committee**: \$ _____

** Required

If you wish to be considered for private lesson assistance, please complete the following:

Private teacher's name _____
Teacher's address _____
Telephone _____ email _____
Private lessons: How often _____ Length _____ Cost for 1 lesson _____

STATEMENT OF FINANCIAL NEED

Funds for financial aid are limited. Therefore, it is important that parents explain financial needs in detail. **Please provide a complete copy of your 2024 tax return. Please also describe extraordinary family expenses or other financial considerations the committee should be aware of in determining your award.** (Use the reverse side or attach page).

I/we understand that the information on this application for Financial Aid is true to the best of my/our knowledge.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Completed applications are due to Sara Watkins at the first rehearsal or in the NYS office by **9/7/2025**.

A financial aid award requires that the family provide a minimum of 10 hours of adult volunteer service to NYS