

Las Vegas Youth Orchestras BRASS BOOT CAMP (BBC) - June 25-29, 2012  
Confidential Financial Statement – FILL OUT ALL BLANKS

Document Must Be Notarized

Only members of the FLVYO Financial Aid Panel review this Financial Statement and all information is kept strictly confidential.

If student is awarded financial aid, he/she will be assigned rehearsal and/or concert set-up/strike-down or other tasks that he/she will be required to do. Student must be available to arrive earlier and/or leave later than normal rehearsal times in order to fulfill responsibilities.

NOTE: Must bring copy of current tax return to Financial Aid Panel Interview

Student Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Date of Application \_\_\_\_\_

Student Name \_\_\_\_\_ Instrument \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guardian (Father) Name \_\_\_\_\_ Guardian (Mother) Name \_\_\_\_\_

Student Resides With \_\_\_\_\_ Number of children in family \_\_\_\_\_ Ages: \_\_\_\_\_ Number in LVYO \_\_\_\_\_

(Father's) Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Annual Gross Earnings \_\_\_\_\_

(Mother's) Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Annual Gross Earnings \_\_\_\_\_

Person(s) Responsible for payment: Guardian, Parent, Student, or Other  
\_\_\_\_\_

Liquid Assets:

Banks: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Total Checking \$ \_\_\_\_\_ Total Savings \$ \_\_\_\_\_ Total Other (List) \$ \_\_\_\_\_

(List details of "Other": 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Domicile: Rent or Own (circle one) Monthly Payment \$ \_\_\_\_\_

Car-year and Model \_\_\_\_\_ Monthly Car Payment \$ \_\_\_\_\_

Estimated Value of Stocks/Bonds Owned \$ \_\_\_\_\_ Total Real Estate Property Owned \$ \_\_\_\_\_

**Total Amount** of Indebtedness on Bank or Charge Cards \$ \_\_\_\_\_

**REQUESTED AMOUNT OF FINANCIAL AID:**

Amount to be Contributed by Applicant \$ \_\_\_\_\_ (for BBC)

Amount Requested from Financial Aid Panel \$ \_\_\_\_\_ (for BBC)

OVER →

**Statement of Financial Need:**

Please describe extraordinary family expenses or other financial considerations the committee should be aware of in determining your award. Funds for financial assistance are limited. Therefore, it is important that parents explain financial needs in enough detail to permit a fair and effective decision.

Print Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This instrument was acknowledged by \_\_\_\_\_, on  
(Name of Parent/Guardian)

\_\_\_\_\_, 20\_\_  
(Date)

Notary Public: \_\_\_\_\_ Notary Stamp:  
(Signature)

**DEADLINE TO SUBMIT FINANCIAL AID FORM is by April 15, 2012**

Send electronically or Mail to:  
Friends/LVYO  
PO Box 98151  
Las Vegas NV 89193-8151

Email [friends@lvyo.org](mailto:friends@lvyo.org)  
Voicemail 702-385-2838