



dr. rhoda bernard | p: (617) 912-9104 | f: (617) 912-9283 | rbernard@bostonconservatory.edu

Boston Conservatory Music Program Application for Financial Aid Assistance

DEADLINES: Summer Term: June 1
Fall Term: September 15
Spring Term: January 15

Please mail this application and deposit check to:

THE BOSTON CONSERVATORY MUSIC PROGRAM
c/o Rhoda Bernard, Director
8 The Fenway
Boston, MA 02215

Please fill out this form **completely** and return. Missing information may cause your application to be delayed beyond the application deadline. Applications received after the application deadline will not be considered for an award for the current term, but may be considered for the next term. All information provided is confidential.

I. FAMILY INFORMATION

Student Name: _____ Date of Birth: _____

Grade: _____ School: _____

Phone (with area code): _____

Parents are: Together Separated Divorced Single

Mother/Guardian Name: _____

Address: _____

Occupation: _____ Work Phone: _____

Employer: _____

Address: _____



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Father/Guardian Name: _____

Address (if different): _____

Occupation: _____ Work Phone: _____

Employer: _____

Address: _____

III. FINANCIAL INFORMATION

1. Please list all gross annual income sources:

Mother \$: _____ Father \$: _____ Other \$: _____

2. Number of people supported by this income: Adults: _____ Children: _____

3. What is your monthly rent \$ _____ OR mortgage & tax payment \$ _____

4. Does your child receive free meals at school? _____

5. Are you eligible for food stamps? _____

6. Can you pay 75% of the tuition? _____

7. If not, what is the percentage or amount you can afford? _____

