



**Bay Youth Orchestras of Virginia
Tuition Assistance Application
2020-2021 Season, Deadline: August 15, 2020**

Since limited tuition assistance funds are available, financial need is **THE** major consideration when awarding scholarships and work study. Priority is given to families that qualify for the Federal Eligibility for Free & Reduced Lunch. Assess your eligibility here: [Federal Register/Vol. 85, No. 55/Friday, March 20, 2020/Notices](#). Remaining funds will be distributed if available at the scholarship committee's discretion. Tuition installment plans are also available. Please consider if this might meet your needs. **All information is confidential.** Families with multiple children in BYOV must submit this application for each member. Supporting financial documents may be submitted once.

Student Name _____
 Address _____ City/State/Zip _____
 Parent(s)Phone(s) _____
 Parent(s) Email(s) _____

Current School _____ Grade _____ Instrument _____
 BYOV Ensemble _____

Father/Guardian Name _____
 Place of employment/title _____
 Mother/Guardian Name _____
 Place of employment/title _____

The **BYOV Work Study Program** provides opportunities for students to earn tuition credit. This opportunity is open to members of the Wind Ensemble, and Concert and Symphony Orchestras, and will include assisting with weekly setup during rehearsals, concerts, and/or other special events. Please check all of the following that apply to you:
 _____ Student is available for work study before BYOV rehearsals.
 _____ Student is available for work study after BYOV rehearsals.

Financial Information

Please scan and email your a copy of your 2019 Federal Tax Return and copies of the last two pay stubs for the parents/guardians of the student to richards.byov@gmail.com. In situations of joint custody, both parents' incomes must be reported.

Are you the head of your household? Yes _____ No _____
 Are you a single parent? Yes _____ No _____
 Do you receive any child support? Yes _____ No _____
 How many children under the age of 18 are living in your household? _____
 How many children are BYOV members this season? _____

Please list your annual gross family income \$ _____

Do you qualify for the Federal Free and Reduced Price School Meals program?

Yes _____ No _____ If yes, in which school district? _____
We will apply these guidelines to families who homeschool

Explain any special financial circumstances that you would like us to consider (*be specific*):

Special financial circumstances will be considered by the Scholarship Committee. BYOV reserves the right to request additional family financial information if necessary. All financial information will be held in the strictest confidence.

Work Study Scholarship and Tuition Assistance Statement of Intent

We certify that all the information on this application is true and correct. We have read the information describing the BYOV Tuition Assistance Program, and understand the requirements and responsibilities of the program. We understand scholarship and/or tuition credit may be rescinded if we fail to meet our work assignment responsibilities and/or do not follow the regulations listed in the award letter. Members who accept financial assistance must participate for the entire season and will forfeit their award if they decide not to participate in a portion of the season for any reason. Applicants will be notified by mid-September.

Parent(s)/Guardian(s) Signature(s) _____ Date _____

Parent(s)/Guardian(s) Signature(s) _____ Date _____

Student Signature _____ Date _____

