



Music and Arts Center
for Humanity

510 BARNUM AVENUE
BRIDGEPORT, CT 06608
PHONE: (203) 366-3300 FAX: (203) 368-2847

FINANCIAL AID APPLICATION

1. Student's name _____ Age _____
2. Student's name _____ Age _____
3. Student's name _____ Age _____
4. Student's name _____ Age _____

PARENT/GUARDIAN _____

RELATION TO STUDENT _____

ADDRESS _____ CITY _____ ZIP _____

CODE _____

TELEPHONE (home) _____ TELEPHONE (work) _____

CELLULAR PHONE _____ PAGER _____

PLACE OF EMPLOYMENT _____

EMPLOYER ADDRESS _____

SOURCE OF INCOME:

- | | |
|--|--|
| <input type="checkbox"/> Wages | <input type="checkbox"/> State of CT Subsidy |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Other (specify) |

TOTAL adjusted gross income (from last year's income tax return) _____

TOTAL number of claimed dependents ____ TOTAL number of family members ____

PLEASE ENCLOSE:

- Last year's federal income tax return, or
- Other verification of income

NO STUDENT WILL BE ALLOWED TO START THE PROGRAM UNTIL THE REGISTRATION FEE HAS BEEN PAID AND THE FINANCIAL OBLIGATION HAS BEEN DETERMINED.

The MACH financial aid committee may request further information in order to better assess your application.

SIGNATURE: _____ **DATE:** _____
(individual financially responsible for student)

APPROVED FINANCIAL AID AMOUNT: \$ _____

Scholarship approved by: _____ Date: _____
Lawrence Nolan, Director of Finance