

# 2010 Student Application for Tuition Assistance New York State Summer School of the Arts

New York State Summer Institutes  
State Education Department  
89 Washington Avenue  
Room 866 EBA  
Albany, NY 12234  
Phone: (518) 474-8773  
Fax: (518) 473-0770

SCHOOL OF: *(check one)*

- Ballet
- Choral Studies
- Dance
- Jazz Studies
- Media Arts
- Orchestral Studies
- Theatre
- Visual Arts

*All information received will be held in strictest confidence. Please Print or Type.*

STUDENT INFORMATION			
Student's Name		Social Security Number	
Home <span style="float: right;"><i>(Street)</i></span>		Home Telephone Number	
Home Address <span style="float: right;"><i>(City)</i></span>		<i>(State)</i> <span style="float: right;"><i>(Zip Code)</i></span>	
Date of Birth	Current Grade Level	Do you attend school in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's Name		Occupation	
Home Address <input type="checkbox"/> Same as student's			
Mother's Name		Occupation	
Home Address <input type="checkbox"/> Same as student's			
Legal Guardian <i>(if other than parent)</i>		Occupation	
Home Address <input type="checkbox"/> Same as student's			
Email Address of Parent or Guardian		Business Phone of Parent or Guardian	

**1. Has the student ever attended the New York State Summer School of the Arts in the past?**

Yes       No

**2. If "Yes", please indicate the year:**

2005       2006       2007       2008       2009

**3. If no tuition assistance is required, please check this box →**   
And do not fill in the remainder of the form.

**4. If you require assistance, please complete the back of this form**

(OVER)

If you are requesting assistance you must:

- A. Submit a copy of parents/guardian 2009 New York State Income Tax Return, including all forms and attachments, with this application. Please do not submit your Federal Income Tax forms.
- B. Attach federal Schedule C or C-EZ for business income or loss and federal Schedule D for Capital gain or loss.
- C. Complete the STATEMENT OF INCOME NOT REPORTED ON A TAX RETURN portion of this form below, if applicable.
- D. If parent/guardian does not file an income tax return, you must submit other evidence or documentation of any sources of income for consideration and complete the STATEMENT OF INCOME NOT REPORTED ON A TAX RETURN below.
- E. Sign the AFFIRMATION portion of this form.

**STATEMENT OF INCOME NOT REPORTED ON A TAX RETURN:**

List all sources of income (including non-taxable income) not included on your tax return, or if you did not file a return. This includes social security, child support, alimony, pensions, public assistance, dividends, etc. Please detail each source and amount.

Source(s) of Income:	Amount (indicate per week, month, year, etc.)
1.	
2.	
3.	
Please attach an additional sheet if necessary.	

If a business is a major source of family support, but no salaries are reported on your NYS tax return and business net profit is under \$20,000, please explain, on a separate attachment, how basic family expenses are met.

Please provide any additional information that would be helpful in reviewing the need for tuition assistance in the space provided below.

**Examples:** *Do you have dependents attending higher institutions of learning? (List actual out of pocket tuition costs for the current year only)*

*Do you have unusual expenses or circumstances, i.e. medical, legal, fire, etc.? (Provide documentation)*

**AFFIRMATION:** *We the undersigned, being the parents or other persons responsible for the support of the applicant for tuition assistance, do hereby affirm that the information submitted with this form, and any attachments thereto, are accurate and complete under penalty of perjury. We further understand that this information will remain confidential.*

\_\_\_\_\_  
Signatures of the persons whose incomes are shown.

\_\_\_\_\_  
Signatures of the persons whose incomes are shown.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date