



## Registration Form

### Part 3: Scholarship

Bay Chamber provides scholarship in case of financial need, so that all eligible students may participate, regardless of ability to pay.

Scholarships are based on proven financial need, household income, family size, financial obligations, and are limited by the availability of CMS resources. Tuition assistance will not exceed 75% of tuition. **Please attach a copy of your most recent Federal Income Tax form (1040) with this application. Your request for scholarship will not be considered without a copy of this form.**

1. Total annual income of household from all sources (include salaries, wages, alimony, child support, social security, disability, public assistance, etc...) \$ \_\_\_\_\_

2. Number of people supported by this income \_\_\_\_\_

3. Number of dependent children in family \_\_\_\_\_

4. Does your child receive reduced or free lunch Yes \_\_\_\_\_ No \_\_\_\_\_

5. The financial aid committee will also take into consideration any special circumstances regarding your current family or financial situation. Please add any comments below that you feel would be important for the financial aid committee to consider when reviewing your application. If you need more room, feel free to include a separate letter with your application.

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### Part 4: Policies and Procedure and Photo release

By signing this form I (we) agree to abide by the Midcoast Music Together and Bay Chamber Community Music School Policies and Procedures as presented to me upon registration and included here. My signature below indicates the information above is complete and accurate.

PHOTO RELEASE: I give Midcoast Music Together and Bay Chamber permission to publish in print, electronic, or video format the likeness or image of myself/my child. I release all claims against Bay Chamber with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I understand cautionary steps will be taken to provide minimum identifying information and no specific mailing address or phone number will be used.

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Participant's signature

Printed name

(Parent's signature is required if participant is under 18 years of age)

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#### Office Only

Lesson Day \_\_\_\_\_ Lesson Time: \_\_\_\_\_

Scholarship:  Y  N Amount \$ \_\_\_\_\_ % \_\_\_\_\_