

FOR OFFICE USE
App. Received & checked by:
Date received:

## FALL 2009 FINANCIAL AID APPLICATION

**First Round:** (students currently registered in Spring 2009 ONLY) due May 1, 2009.

**Second Round:** (new and continuing students) due June 19, 2009.

**Incomplete or late applications will NOT be considered.**

Applicants for financial aid are required to complete this form and provide the requested attachments. **Incomplete applications will not be accepted.** Aid is awarded based primarily on financial need. As scholarship funds are limited, full scholarships are seldom awarded. Be sure to detail what classes you are applying for on the registration form for each student.

**Please note: Completing this application does NOT mean you are registered!** To guarantee a spot on a teacher's schedule or in a group class, you must register at the front desk or by phone with an initial payment.

**Please Print:**

NAME OF STUDENT(S): \_\_\_\_\_

NAME OF PARENT (if applicable): \_\_\_\_\_

**REQUIRED ATTACHMENTS: – Applications missing these attachments will NOT be considered.**

- Copy of student's Registration Form (attached), checked and signed by a member of the registration staff. Be sure to indicate exactly what lessons/classes each student intends to take.
- 2008 Federal tax form (1040, 1040A, or 1040EZ). If the applicant is a dependent, submit the tax form on which the applicant is claimed as a dependant, as well as any additional tax forms for salaries that contribute to the household income.
- Pay Stubs. copies of each parent/guardian's most recent pay stubs (last two pay periods)
- One of the following: Teacher evaluation form (attached, for returning students) –or– Most recent report card (for new students under age 18).
- Extenuating circumstances, if applicable. If there are situations in your life that strengthen your case for support, please explain in the space below.

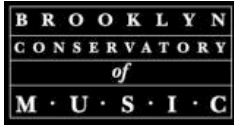
### Agreement

I have completed this form to the best of my ability and acknowledge that all information and attachments are true and accurate. **I understand that this application only applies to the Fall 2009 semester and future financial aid awards are not guaranteed.**

\_\_\_\_\_  
Signature of adult student, parent, or guardian

\_\_\_\_\_  
Date

*All of the information and attachments furnished are solely for review by the scholarship committee and will remain private and confidential.*



58 Seventh Avenue, Brooklyn, NY 11217  
718.622.3300 • 718.622.3957 Fax • www.bqcm.org

# REGISTRATION FORM: Semester \_\_\_\_\_

~Please fill out, sign on back, and return to the Registration Desk.~

## STUDENT or PARENT/GUARDIAN INFORMATION IF UNDER 18 — PLEASE PRINT CLEARLY

STUDENT/PARENT/GUARDIAN 1

STUDENT/PARENT/GUARDIAN 2

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE (A)

HOME PHONE (B)

PARENT/GUARDIAN 1 E-MAIL ADDRESS (1)

PARENT/GUARDIAN 2 E-MAIL ADDRESS (2)

EMPLOYER/WORK PHONE, EXTENSION (1)

EMPLOYER/WORK PHONE, EXTENSION(2)

PARENT/GUARDIAN CELL PHONE (1)

PARENT/GUARDIAN CELL PHONE (2)

## STUDENT #1 INFORMATION (PLEASE PRINT CLEARLY)

FIRST NAME

MI

LAST NAME

GENDER (M/F)

DATE OF BIRTH (M/DD/YY)

AGE

\*ETHNIC BACKGROUND (optional)

## STUDENT #2 INFORMATION (PLEASE PRINT CLEARLY)

FIRST NAME

MI

LAST NAME

GENDER (M/F)

DATE OF BIRTH (M/DD/YY)

AGE

\*ETHNIC BACKGROUND (optional)

## STUDENT #3 INFORMATION (PLEASE PRINT CLEARLY)

FIRST NAME

MI

LAST NAME

GENDER (M/F)

DATE OF BIRTH (M/DD/YY)

AGE

\*ETHNIC BACKGROUND (optional)

## BILL PAYER'S INFORMATION (IF DIFFERENT FROM PARENT/GUARDIAN)

BILL PAYER'S NAME (FIRST, LAST)

RELATIONSHIP TO STUDENT

BILL PAYER'S HOME ADDRESS (A)

CITY, STATE, ZIP

HOME PHONE

EMPLOYER/ WORK PHONE, EXTENSION

CELL PHONE

E-MAIL ADDRESS

## HOW DID YOU HEAR ABOUT US?

Website: \_\_\_\_\_ Friend: \_\_\_\_\_ Walked By: \_\_\_\_\_ Flyer: \_\_\_\_\_ Local newspaper/magazine: \_\_\_\_\_ Other: \_\_\_\_\_

# CONSERVATORY POLICIES

## MAKEUP POLICY FOR INDIVIDUAL LESSONS

If you are unable to attend a lesson, please call the school in advance. Each student is allowed **one** makeup lesson per semester for an excused absence. An excused absence is one in which the Conservatory or teacher has been notified at least 24 hours in advance. No makeup lesson will be given with less than 24 hours notice. If a student is absent for three consecutive weeks without notice, he or she will be withdrawn. All missed lessons due to a teacher's absence will be made up. No makeups are given for student absences from group classes/ensembles.

## TRIAL LESSONS

Trial lessons may be rescheduled once with 24 hours notice. Trial lessons must be canceled with 24 hours notice in order for the student to receive a refund. Trial lessons are not offered during the Summer Semester.

## REFUNDS

All withdrawal requests must be submitted in writing to the Registration Office before the 4<sup>th</sup> week of lessons or classes. No refunds will be given after this point. Students or parents requesting withdrawals before that time will be charged pro-rated tuition for completed sessions (including student absences) plus 20% of the total contracted tuition. Students withdrawing before the start of the semester will be charged 10% of the contracted tuition. Registration and installment fees(if any) are non-refundable. Additionally, students paying on the installment plan who withdraw are responsible for the remaining balance on their account according to the withdrawal policies above. Refunds take 6-8 weeks to be processed.

## ADMINISTRATIVE FEES

REGISTRATION FEE: \$35 Once per family *per school year* (Fall through Summer)

INSTALLMENT FEE: \$36 Per family *per semester* whenever a balance is not paid in full at the time of registration, the registration is considered to be on the installment plan and will incur this fee.

RETURNED-CHECK FEE: \$30 Charged for checks returned due to insufficient funds.

LATE PAYMENT FEE: \$30 Charged on the last day of the semester for all balances past due for the semester.

## COURSE CANCELLATION

Brooklyn Conservatory of Music reserves the right to cancel a class due to insufficient enrollment. After 4 weeks, permission is required from the instructor to join a class. If a class is cancelled, you will receive a pro-rated refund for the remaining sessions. Registration and installment fees (if any) will also be refunded to students not enrolled in other lessons or classes. Refunds take 6–8 weeks to be processed.

## SNOW DAYS

The Conservatory bases its school cancellations on the NYC Public school system, therefore, if NYC public schools close due to inclement weather, the Conservatory will also close. Any classes or lessons canceled by the Conservatory will be made up during Makeup week at the end of the semester.

## PERSONAL PROPERTY/ LOST & FOUND

The Conservatory is not responsible for personal property lost or damaged on our premises. A Lost & Found collection area is maintained and if a student believes that property has been lost on the premises they should contact the registration staff. Items remaining in the Lost & Found for more than one month will be discarded.

## MATERIALS

The student is responsible for providing his or her own music books, sheet music, instruments, and materials except where additional material fees have been charged with the class fee.

## PERMISSION

The Conservatory may use a photograph of you and/or your child as part of publicity and promotional materials.

In order to maintain a high standard of service and provide an appropriate environment for our students and staff, the Conservatory reserves the right to refuse or discontinue service, enrollment or previously awarded privileges at the discretion of the conservatory staff.

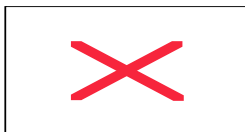
I have read and understand all the above policies of the Conservatory.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

PLEASE LIST BELOW ALL LESSONS AND CLASSES FOR EACH STUDENT

STUDENT NAME	INSTRUMENT/CLASS	Lesson Length (minutes)	FOR OFFICE USE ONLY:
			COST
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
		30 45 60	
NOTES:		TOTAL:	



**Financial Aid Program  
Teacher Recommendation**

Teacher name: \_\_\_\_\_

Please take a few minutes to fill out the form below. The information is important in evaluating whether or not to continue the scholarship or financial aid for your student. We want to be sure these students are showing up regularly for lessons, show interest and some degree of progress. In your recommendations, please note any special circumstances in the life of the student or his/her family that should be considered. Teachers often are aware of critical family problems that do not get reported. Thanks for your speedy reply.

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**PLEASE RATE: EXCELLENT\* GOOD\* FAIR\* POOR**

NAME OF STUDENT	ATTENDANCE	PUNCTUALITY	INTEREST

COMMENTS PROGRESS, ETC. :

---



---



---



---



---



---



---

\_\_\_\_\_ I recommend continuation of scholarship/financial aid.

\_\_\_\_\_ I do not recommend that the scholarship/financial aid be continued.

Special circumstances, if any:

---



---



---

Date \_\_\_\_\_ Teacher Signature \_\_\_\_\_