



**CANTON**  
S Y M P H O N Y  
O R C H E S T R A  
GERHARDT ZIMMERMANN  
MUSIC DIRECTOR

## Boyer Scholarship Application

Participants who believe they may be eligible for a need-based scholarship should complete the application below and return it to the Canton Symphony Orchestra by **April 1, 2019**. You may apply for aid in person, by mail or by fax but all applications must be received by our office on or before April 1st to be eligible for consideration.

Scholarship recipients will be announced May 6, 2019 at the Canton Youth Symphonies concert. Funds will be dispersed directly to the student's college. If the musician does not attend college or subsequently becomes ineligible for the scholarship, the Canton Symphony Orchestra reserves the right to rescind the scholarship offer and apply the funds to another eligible musician meeting the scholarship criteria.

Given the limited number of funds at the Canton Symphony's disposal, we may use a family's financial information to help us determine need. It is important that you include a copy of the current year's FAFSA. Do not send originals, only copies of the originals. All information collected will remain confidential.

Musician's Name \_\_\_\_\_

Ensemble \_\_\_\_\_

Primary Instrument: \_\_\_\_\_

Primary Parent/Guardian \_\_\_\_\_

Secondary Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Parent/Guardian Marital Status \_\_\_\_\_

Musician(s) Live(s) With \_\_\_\_\_

### FINANCIAL INFORMATION

Adjusted Gross Income (line 37 on IRS form 1040) \_\_\_\_\_

Income attributable to other adults (filing separately) living in household \_\_\_\_\_

Child Support Income (only if not listed on tax return) \_\_\_\_\_

Non-taxable income (SSI/SSD, food stamps, survivor's benefits, etc) \_\_\_\_\_

Number of Dependents on Federal Tax Form \_\_\_\_\_

We recognize that the above does not reflect all household expenses incurred. Please use the following space to provide other relevant (extraordinary) expenses or information. This may include large medical or education expenses, recent job loss, etc.

**College Information**

College Attending in Fall: \_\_\_\_\_

Intended Major: \_\_\_\_\_

College Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below I certify that all of the information on this form is true and complete to the best of my knowledge. I realize that incomplete information or any fraudulent information given can result in denial or reversal of Financial Aid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return form to Canton Symphony Orchestra, ATTN: Boyer Scholarship, 2331 17<sup>th</sup> St NW, Canton, OH 44708. You may also fax your application to 330-452-4429.