

Allegheny Mountain String Project

Financial Aid Application Application Deadline: August 20

Financial aid for the Allegheny Mountain String Project is made possible by the Garth Newel Music Center, The Alleghany Foundation, the Bath County Arts Association, the Bolar Ruritan Club, the Highland County Arts Council, and the Community Foundation of Central Blue Ridge.

The AMSP Confidential Application for Financial Aid consists of three sections: (I) Parent Contact Information (II) Student Information (III) Financial Information. **All financial information is kept strictly confidential.**

Financial aid awards are deducted from total tuition; no money changes hands from the AMSP to recipients. Applicants will be notified by August 31.

The acceptance of financial assistance carries with it an obligation on the part of the student to attend lessons and rehearsals on a regular basis, participate in the AMSP recitals as determined by your instructor, and work faithfully toward making progress on his/her instrument. The AMSP reserves the right to discontinue the award and lessons to any student whose work or behavior is deemed unsatisfactory.

We also require each financial aid family to attend at least ONE concert at Garth Newel Music Center during the year. This is free to all AMSP students, and one accompanying adult.

Award of financial aid does not guarantee assistance in the future. Financial aid applications must be completed each semester. A parent or guardian of each financial aid recipient will be required to sign a letter of agreement accepting the terms of the financial aid and to return it at the student's first lessons of the term.

For any questions, please contact:

Jaime McArdle- 540.839.2617 or jaime@garthnewel.org

Gretta Sandberg- 540.468.2769 or grettasandberg@gmail.com

Completed forms may be emailed, hand delivered to your instructor, or mailed to:
Allegheny Mountain String Project
C/O Garth Newel Music Center
PO Box 240
Warm Springs, VA 24484

SECTION I: Parent Contact Information

Parent/Guardian Names				Relationship to student			
Address	City	State			County		
Email							
Home Phone Number	Work/Alternate Phone Cell			Phone			
Parent/Guardian Occupation			Company/Location				
Secondary Parent/Guardian Occupation			Company/Location				
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Other Parent/Guardian (if separate household only)			Relationship to student				
Address	City	State		Zip	County		
Email							
Phone Number	Work/Alternate Phone			Cell Phone			
Parent/Guardian Occupation			Company/Location				
Secondary Parent/Guardian Occupation			Company/Location				

SECTION II: Student Information (Total family members enrolling in AMSP _____)

Name of Student	Age	Grade in School			
Name of AMSP Teacher (If known)	Location of Lessons		Lesson Length *		
Instrument	Rental Company (if ap	plicable)	Cost (per month)		
Name of Student (2)		Age	Grade in School		
Name of AMSP Teacher	ne of AMSP Teacher Location of Lessons				
Instrument	Rental Company (if ap	plicable)	Cost (per month)		
Name of Student (3)		Age	Grade in School		
Name of AMSP Teacher	Location of Lessons		Lesson Length		
Instrument	Rental Company (if ap	plicable)	Cost (per month)		
Name of Student (4)		Age	Grade in School		
Name of AMSP Teacher	Location of Lessons		Lesson Length		
Instrument	Rental Company (if ap	Cost (per month)			

SECTION III: Financial Information

Previous year actual income								
Father	Mother			Other Sources (include child support)				
Estimated current year income								
Father	Mother			Other Sources (include child support)				
TOTAL ESTIMATED CURRENT YEAR INCOME:								
				Adults		С	Children	
Number in Family supported by above income:								
Total AMSP Related Cost								
		Student 1	Student 2		Student 3		Student 4	
Year Total Lesson Fees								
Instrument Rental or Purchase Fe (For a year)	es							
Other AMSP related fee (if applicable)								
TOTAL COST								
Please describe below any circumstances that may be helpful in understanding your request for aid.								
If returning student, please list at least one date you attended a GNMC Concert:								
I certify the information provided in this confidential document is correct:								
Signature					Date			