



Elevate Rock School

FINANCIAL AID APPLICATION

Student Name _____ Grade _____

School _____

Parent/Guardian Name _____

Address _____ State _____ ZIP _____

Parent/Guardian Email Address _____

Parent/Guardian Phone _____

Instrument _____

Do you need assistance purchasing an instrument? YES NO

| List ALL Household Members | Date of Birth | Relationship to Applicant | List Employer (if applicable) |
|----------------------------|---------------|---------------------------|-------------------------------|
| | | Student Name | |
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Elevate Rock School Financial Aid Application

Provide proof of **ALL** household monthly gross income – this *may include*:

Payroll or unemployment
check stubs (*within the
last 30 days*)

Copy of W-2
or previous year
of taxes

Award letter for food
stamps, child support,
SSI or SSDI

Letter of
projected income
(*for new employers*)

Household Gross Monthly Income (*Before taxes*)

| | | | |
|-------------------------|----------|-----------------------|----------|
| Gross Earnings (wages) | \$ _____ | Child Care Assistance | \$ _____ |
| Spouse/Partner Earnings | \$ _____ | Child Support | \$ _____ |
| Family Assistance | \$ _____ | Foster Care Payments | \$ _____ |
| Food Stamps | \$ _____ | Social Security | \$ _____ |
| Housing Subsidy | \$ _____ | Unemployment | \$ _____ |

Monthly Gross Income Total: \$ _____

I certify that all of the information provided above is true to the best of my knowledge. I understand that financial aid grants are based upon the financial information provided and fund availability. I understand that Excite Music will maintain privacy and this information will not be shared or used for any other purposes other than intended. I understand that financial assistance is dependent upon enrollment in Elevate Rock School. If the student withdraws from Elevate Rock School for any period of time, a new application will need to be submitted in order to receive financial aid. If I do not make consistent monthly payments to Elevate Rock School, financial aid will be revoked. Financial Assistance is awarded per year and will expire the end of the calendar year. You will need to reapply prior to award expiration if you wish to continue financial assistance.

Applicant Signature _____ Date _____

Return completed application with income verification via email to

admin@ExciteMusicFM.com

or drop off in person at Elevate Rock School, 4480 23rd Ave S Fargo, ND.

