

COMMUNITY MUSIC CENTER OF BOSTON

APPLICATION FOR REDUCED TUITION

Incomplete applications will **NOT** be accepted.

Applications without supporting documentation will **NOT** be accepted.

- Accepted Documentation: Most Recently Filed Tax Return, 1 Month's Pay Stubs From Employer, Official Letter of Income, Invoices/Bills From Monthly Expenses

Parent Name (s): _____ Student Name(s): _____

Total number in household: _____ Adults: _____ Children: _____

Other dependents: _____

MONTHLY INCOME:

*Principal Wage Earner (before deductions) Monthly: \$ _____

*Occupation: _____ Employer: _____

*Other Wage Earners (before deductions) Monthly: \$ _____

*Occupation: _____ Employer: _____

OTHER MONTHLY INCOME:

Government Assistance: \$ _____

Retirement/Social Security: \$ _____

Other Monthly Income:
(Alimony, Rental, Investment, etc.) \$ _____

MONTHLY EXPENSES:

Monthly mortgage (including real estate taxes): \$ _____

Monthly rent: \$ _____

Monthly auto loan payments: \$ _____

Monthly education loan payment: \$ _____

Monthly medical expenses : \$ _____

How much do you feel you can reasonably afford to pay toward your CMCB tuition? :
\$ _____ **per month.** (Please see Registration Information Sheet for tuition costs.)

Signature: _____ **Date:** _____

All Information Is Strictly Confidential