



COMMUNITY **MUSIC CENTER** OF BOSTON

34 WARREN AVENUE
BOSTON, MA 02116

T: (617) 482-7494
F: (617) 482-6267

www.cmcb.org

REDUCED TUITION 2018-2019

The financial aid committee cannot process incomplete applications.

The following documents must be submitted: Recent Tax Return 1 month's pay stubs Invoices/Monthly Bills

Parents/Guardians names	Student name(s)
1. _____	1. _____
2. _____	2. _____

In household: _____ # Adults: _____ # Children: _____ Other Dependents: _____

MONTHLY INCOME INFORMATION

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

Mortgage (including real estate taxes): \$ _____

Rent + Utilities: \$ _____

Auto loan payment: \$ _____

Education loan payment: \$ _____

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 _____

Are there any other financial considerations you would like us to know about?

Please describe: _____