

Lucy Moses School

Goodman House 129 West 67th Street, New York, NY 10023 KaufmanMusicCenter.org T 212 501 3360

Scholarship Program Contact: Danny Rivera drivera@kaufmanmusiccenter.org T 212 501 3364

APPLICATION FOR FINANCIAL AID AND MERIT AWARDS

Applications for financial aid cannot be considered unless all the following questions are answered completely. Personal and financial information will be held in the strictest confidence. Please submit the *completed form*, together with copies of W-2 forms, a copy of your current year Federal and state income tax returns, and current pay stubs to the Education Office by the stated deadline. Any application that is received after the stated deadline, or is not completed *in its entirety*, will not be considered. Please be sure to register for lessons and/or classes that you wish to be considered for financial aid by calling (212) 501-3360. If you mention that you are applying for financial aid, you will only be charged the \$50 registration fee.

APPLICATION DEADLINE: June 15, 2025

	ST	UDENT	INFORMATION	ON (Please prin
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Name of applicant Last/F								
					First/Give			
Name of Academic School					_ Grade in s	chool	Date o	f birth
Did this student receive financ	cial aid fro	om LMS in 20	24-25?	Yes No	o Amo	unt of Av	ward, if yes?	\$
What instrument does the stu	dent study	/? Number o	f years (at Lucy Mo	ses School_			
Name of private teacher(s) at	Lucy Mos	ses School						
Please ask your teacher(s) to s What will you enroll for at LM				,				
Will you be in the Young Arti Are there other siblings in the				s; indicate i	f they are cu	rrently st	tudents at th	e Lucy Moses School:
Does the applicant study mus	ic or danc	e at another	school	or privately?	P If yes, with	ı whom o	and where?	
PARENT/GUARDIAN IN Parent or guardian						_ Relatio	nship	
Home address								Apt
City				State	Zip _			
Home () Employer								
Nature of business							Numb	er of years?
Second parent or guardian _						Relatio	nship	
Home address (if different) _								Apt
City				State	Zip _			
Telephone: Home ()		Cell ()		E-mail			
Employer								
Nature of business							Numbe	er of years?

FINANCIAL INFORMATION (Explanatory notes can be added on page 3)

	Current Tax Year 2024
Salary and wages (Form 1040, line 1a)	\$
Taxable Interest (Form 1040, line 2b) and Dividends (Form 1040, line 3b)	\$
Alimony received (Schedule 1, line 2a)	\$
Business Income (Schedule 1, line 3)	\$
IRA distributions (Form 1040, line 4b)	\$
Pension and/or annuity Income (Form 1040, line 5b)	\$
Unemployment Income (Schedule 1, line 7)	\$
Social security and/or Disability benefits (Form 1040, line 6b)	\$
Other taxable income (Form 1040, line 7; Schedule 1, lines 4, 5, 6, or 8)	\$
Total Taxable Income (Form 1040, line 15)	\$
Public Assistance	\$
Child support	\$
Other non-taxable income	\$
Total non-taxable income:	\$
TOTAL INCOME (Total of taxable income+total of non-taxable income.	\$
Total Federal income taxes paid – (Form 1040, line 24)	\$
Total State Income taxes paid – (Form NYS IT-201, line 46)	\$
Total Local Income taxes paid – (Form NYS IT-201, line 58)	\$
Total Property taxes paid - included in Mortgage payment? ☐ Yes ☐ No	\$
Total medical and dental expenses not covered by insurance	\$
Unusual expenses (explain on page 3)	\$

Annual housing expenses

Monthly rent OR mortgage	\$ X 12 =	
Maintenance fees	\$ X 12 =	
Monthly utilities	\$ X 12 =	
	TOTAL	

Parent/Guardian Assets - Please answer all questions if they apply.

1. House, co-op or condominium (if owned):	
a. Year purchased: b. Purchase Price \$_	Current outstanding mortgage: \$
2. Value of other real estate owned	\$
3. Total of checking and savings accounts:	\$
4. Value of other investments (please give details on page 3)	\$
Parent/Guardian Liabilities	
1. Total outstanding loans (not mortgages)	\$
2. Credit card indebtedness:	\$
3. Do you own/lease your own automobile? ☐ Yes	□ No If yes, make and year

Please use this space to provide explanations of y which we should know in order to evaluate your o		unusual circumstances
Signatures of Parents or Guardians		
Marchaell and a substitute for a strong and the factor	and the Committee of th	
I/we hereby assure that all information supplied of	on this form is an accurate and tr	ue statement.
Parent or guardian signature	Date	
Second parent or guardian signature	Date	
While optional, the Center asks that you participate in this community engagement initiatives at the Center, and infor increase financial support for the Center's activities.		
☐ Native American/ Alaskan ☐ Asian	☐ African-American/ Black	☐ Hispanic/ Latinx
□ Native Hawaii/ Pacific Islander □ White	☐ Other (please specify:)

Kaufman Music Center/Lucy Moses School admits students of any race, color and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color or national or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.