

Johannes School of Music — The Leading Edge Mentor in Music and Languages

FINANCIAL ASSISTANCE APPLICATION FORM

US — +1 310 923 0969	AU — +61 406 930 548
Section 1 — Applicant Information	www.JohannesSchoolofMusic.net
Full Name of Applicant:	
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Date of Birth:	School Year / Level:
	nsible for Enrollment (if under 18)
Full Name of Parent or Guardian:	
Relationship to Student:	
Section 3 — Contact Information	
Contact Phone:	E-mail:
Home or	
Billing Address:	
Section 4 — Statement of Need	
Statement of Need	
Please provide a detailed explanation o	of your financial situation and why you require financial assistance.
You may use the space below or attach y	your explanation as a supporting document.

Section 5 — Supporting Documents

Acceptable Supporting Documents may include items that demonstrate student's financial need such as:

- Tax returns
- Bank statements
- Or other relevant financial documents

Section 6 — Declaration and Signature

- 1. I confirm that I have been enrolled with the Johannes School of Music for at least THREE MONTHS.
- 2. I confirm that my financial need, and all supporting documents submitted, is genuine.
- 3. I confirm this application relates to my personal circumstances only. It is not made on someone else's behalf, or to benefit a party that is not identified in this application.

I, the undersigned, hereby confirm that all information stated above is true and correct.

SIGNATURE OF PARENT/PERSON RESPONSIBLE FOR ENROLLMENT:

Date Signed:

Please note that financial assistance is not guaranteed and is subject to the availability of funds.

If you have any questions about the financial assistance program, feel free to contact us at info@johannesschoolofmusic.net