

Student Grant Application

Applications are only accepted during the application filing period. Only complete applications, including complete financial information, will be considered for an Institutional Grant. All applicants are notified by email of approval or denial within 3 weeks after the deadline date.

LACM's Student Grant is a partial tuition grant for students. Applications must be submitted by accepted students before the beginning of their studies. Grant applicants must maintain GPA standards and meet all financial need eligibility requirements. Applicants will be notified by email regarding the grant committee's decision; all decisions are final.

Deadline: Grant applications will be accepted up to **4 weeks** before a quarter's start date. Applicants are encouraged to apply early, as funds are limited. Grant applications must be complete in order to be considered by the committee.

Eligibility Requirements

- Completed Federal Financial Aid (FAFSA) application (**Domestic Students Only**)
- Non-immigrant International Student F-1 or M-1 status (**International Student Only**)
- Enrolled in classes with a minimum of 12 credits
- Demonstrated financial need
- Maintain a cumulative grade point average (GPA) of **3.0** while attending the program

Required Application Materials

Please submit the following documentation:

1. Student grant application
2. One-page (1) letter explaining in specific terms why this grant is needed and what you have done and are doing to meet your financial needs. Please be detailed.
3. Proof of financial resources. If the student is 24 years old or younger, parental records are also required.
4. Proof of financial resources (with notarized English translation if applicable).
 - Tax returns for the last 2 years
 - Last six (6) months of bank statements

General Information

This portion is to be completed by the Student Applicant. If you do not fill out this form electronically, please PRINT NEATLY.

Name: _____
Last First Middle Initial

Phone: () _____ - _____ **E-mail:** _____

Address: _____
Number & Street City & State or Country Zip Code

Social Security Number (U.S. Only): _____ - _____ - _____ **Date of Birth:** ____/____/____
MO DAY YEAR

Marital Status: Single Married Divorced **Do you have any dependents?:** Yes, # _____ No

Incoming Student Information

This portion is to be completed by the Student Applicant. If you do not fill out this form electronically, please PRINT NEATLY.

Incoming Start Date (Please list the year): Fall _____ Winter _____

What degree will you be pursuing?: Bachelor's Associate Diploma

What is your major?:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bass Performance | <input type="checkbox"/> Composing for Visual Media | <input type="checkbox"/> Drum Performance |
| <input type="checkbox"/> Brass & Woodwinds Performance | <input type="checkbox"/> Music Business | <input type="checkbox"/> Vocal Performance |
| <input type="checkbox"/> Guitar Performance | <input type="checkbox"/> Music Producing & Recording | <input type="checkbox"/> Songwriting |

Citizenship Information

This portion is to be completed by the Student Applicant. If you do not fill out this form electronically, please PRINT NEATLY.

Are you a U.S. Citizen? : Yes No If yes, have you applied for Federal Financial Aid? : Yes No

If you are not a U.S. Citizen, what is your Citizenship Status?

- Permanent Resident Refugee Asylum Amnesty
- Foreign Citizen (International Student); please list your country of Citizenship: _____
- Other (Please explain your status: _____)

Will you require a Student Visa?: Yes No Are you currently on a F1 or M1 Visa?: Yes No

Student Financial Information

This portion is to be completed by the Student Applicant and his/her parent or guardian (if required). If you do not fill out this form electronically, please PRINT NEATLY.

I, the Student, am supported by:

1. Self 2. Parent(s) or Guardian(s) 3. Spouse 4. Other

If you checked (1), attach a signed copy of your 1040 tax form or affidavit of support. If no tax return was filed, explain why. If you checked (2-4), attach a signed copy of that person's 1040 tax form or affidavit of support. If no tax return was filed, explain.

Household size: _____ Number in college: _____

Number of family members in the household supported more than 50% by the student (if independent) or parents (if dependent) from Sept. 01, 2014 to August 31, 2015.

CONFIDENTIAL FINANCIAL STATEMENT

Only complete confidential financial statements will be considered for a student grant.

	MONTHLY	ANNUAL
INCOME INFORMATION		
Student Wages, Salaries, Etc.	\$	\$
Spouse's (if married) Wages, Salaries, etc.	\$	\$
Parents or Guardians (if under 24 years) Wages, Salaries, etc.	\$	\$
Contribution from Others: (If contribution is not in dollars, compute dollar amount to the right and provide an explain on a separate sheet)	\$	\$
Other (Type: _____)	\$	\$
Social Security Benefits	\$	\$
Veterans Benefits	\$	\$
Other (i.e. Child support, welfare, etc.)	\$	\$
TOTAL:	\$	\$

	MONTHLY	ANNUAL
EXPENSES		
Rent or Mortgage Payment	\$	\$
Food	\$	\$
Utilities	\$	\$
Transportation (i.e. car payments, gas, repairs)	\$	\$
Other (Specify: _____)	\$	\$
TOTAL:	\$	\$

	MONTHLY	ANNUAL
ADDITIONAL RESOURCES		
<i>List any additional aid you expect to receive during the 2015-2016 academic year (quarter 1, 2, and 3). This includes, but is not limited to, scholarships, grants, tuition waivers, sponsorships and fee reductions.</i>		
Family	\$	\$
Total Savings	\$	\$
Other (Specify: _____)	\$	\$
TOTAL:	\$	\$

	AMOUNT
ASSETS	
<i>In this section, please use enter the figure amount or the word none when entering information about your assets and indebtedness. Indicating "0" or "no income" is not acceptable – application will not be considered for a Student Grant.</i>	
Cash, savings, and checking accounts	\$
Real estate: Market Value	\$
Unpaid Mortgage	\$
Investments (stocks, bonds, and others)	\$
TOTAL:	\$

If you wish to explain and exceptional financial condition, please attach an additional sheet to your application.

I declare that the information I have provided on this application and any supportive documentation is complete, accurate and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my financial assistance or may result in disciplinary action pursuant to the Los Angeles College of Music Code of Conduct.

Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Electronic Signature Agreement. By checking this box and typing in your signature below, you are signing this agreement electronically. You agree that the electronic signature is the legal equivalent of your manual signature on this agreement. By checking the box and typing your signature below, you consent to be legally bound by this agreement terms and conditions.

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FOR OFFICE USE ONLY

Approved: Yes No

Amount Awarded: \$ _____

Date Received: ____/____/____

Initials: _____