



## Tennessee Valley Music Festival Financial Aid Application

Dear Parent and/or Guardian,

The Huntsville Youth Orchestra (HYO) believes The Tennessee Valley Music Festival (TVMF) is a tremendously valuable and rewarding program for all participants. The HYO aims to keep fees low but we understand that they are still out of reach for some. The HYO believes participants should have access to a musical education and experiences such as TVMF and does not turn anyone away solely for financial reasons.

If you are in need of financial assistance to attend TVMF, we encourage you to apply by completing the application below. If you receive financial assistance to attend TVMF, we ask that the parent/guardian(s) volunteer at TVMF for the amount of hours they are able and believe is equivalent to the scholarship received.

The information requested below is confidential and will only be discussed by the Executive Director and the Board of Director's Scholarship Committee. You will be notified of our decision as soon as possible by email. A parent/guardian must complete this application, unless the applicant is 18 years old or older.

Applications are reviewed on a rolling basis but must be submitted by May 1 to be considered. Completed applications should be submitted as a PDF using this [google form](#). Contact Executive Director, Taylor Barlow at [hyo.exdir@gmail.com](mailto:hyo.exdir@gmail.com) with any questions.

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instrument(s): \_\_\_\_\_ Anticipated Track: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Employer, Parent/Guardian 1: \_\_\_\_\_

Employer, Parent/Guardian 2: \_\_\_\_\_

Combined Income for the Current Year: \_\_\_\_\_

Additional Yearly Income from other Source: \_\_\_\_\_

Number of Children and Other Dependents: \_\_\_\_\_

What fee amount are you reasonably able to afford? \_\_\_\_\_

If there are extraordinary circumstances regarding your financial situation that you would like us to be aware of and consider, please elaborate (medical bills, employment issues, etc):

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\_\_\_\_\_  
Signature of Parent or Legal Guardian

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Date