

SDU Community Music School

2025-2026 Tuition Assistance Application

We have a modest amount of scholarship/financial aid available. To apply for need-based tuition assistance, please complete **all** questions below and **email this form with the approved supporting documentation to sdsucommunitymusic@sdsu.edu**. Please email us, or call us at 619-594-1699 with any questions. All information will be kept confidential and only used for the purposes of determining eligibility for tuition assistance.

Student Information

1. Student Name(s) (First, Last): _____
2. Student Age as of September 1, 2025: _____
3. School for the 2025-2026 School Year: _____

Family Information

4. How many adults contribute income to the household?: _____
5. List each adult's full name **and** relationship to the student:

Full Name of Each Adult Contributing Income and Relationship to student

_____	_____
_____	_____
_____	_____

6. Email address of Primary Adult/Guardian: _____
7. Number of Dependent Children under the age of 26: _____

Financial Information

8. Total gross family income in US dollars (line 9 of Form 1040 2024 tax return): \$ _____

9. Are there special circumstances that you would like the Tuition Assistance Committee to take into consideration? These could include extraordinary family expenses, unemployment, or other financial considerations. If so, please include here:

Required Documentation

All information will be kept confidential and only used for the purposes of determining eligibility for tuition assistance.

Please **select one** of the following options and sign below:

- ☐ **Option 1** Signed copy of the first 2 pages of each contributing adult's most recently filed (2023 or 2022) Federal Income U.S. Tax Form 1040 (*Please block out your SSN.*)
- ☐ **Option 2** Signed copy of each contributing adult's most recently filed (2023 or 2022) Mexico Tax Return
- ☐ **Option 3** 2023 Form 1095-B Medi-Cal Coverage Tax Form (*Please block out your SSN.*)
- ☐ **Option 4** Copy of CalFresh benefit determination letter or statement of online account showing EBT deposit dated within the past 2 years
- ☐ **Option 5** Copy of Section 8 Tenant Rent Portion letter dated within the past 2 years
- ☐ **Option 6** Homeless Certification Form signed by a homelessness services organization in San Diego County or from the Health & Human Services Agency CalFresh office dated within the past 2 years

- ☐ **Option 7** If unable to submit any of the above options, provide copies of **all** 2023 employer W-2s and 1099s for each contributing adult (*Please block out your SSN.*)

I have attached the supporting document(s) selected above. I affirm that all information in this application and supporting document(s) is true and correct.

Primary Adult/Guardian's Printed Name	Date
---------------------------------------	------

Primary Adult/Guardian's Signature	Date
------------------------------------	------