



HEADWATERS MUSIC & ARTS

HEADWATERS MUSIC AND ARTS FINANCIAL ASSISTANCE APPLICATION

**PLEASE SEND COMPLETED FORM AND FIRST PAGE OF FORM 1040 TO HEADWATERS MUSIC AND ARTS, 519 MINNESOTA AVE NW,
BEMIDJI MN 56601**

Name of Student

Date of birth:

School

Address:

City:

State:

ZIP Code:

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name

Employer:

Parent Phone:

E-mail:

City:

State:

ZIP Code:

Parent/Guardian #2 Name

Employer

Parent Phone

E-mail

City:

State:

ZIP Code:

ADDITIONAL INFORMATION

How many children do you have in your household who are between Kindergarten and 12th grade?

Will the student be living with the parent/guardian listed above for more than 50% of the time in 2017-2018?

2016 Yearly family Income:

Will your yearly family income be approximately the same for 2017?

If no, please explain the circumstances for the change in income

Do you anticipate using the Education Tax Credit for any other expenses in your family?

If yes, please list anticipated amount:

Did you file in 2016 as "Married filing separately"?

Additional reasons for scholarship need?

SIGNATURES

I certify that the above information is accurate and complete.

Signature Parent/Guardian #1

Date:

Signature Parent/Guardian #2

Date: