

It is now time to look ahead to 2022-2023!

In order to better assist our students and to improve our financial assistance application process all 2022-2023 FINANCIAL APPLICATIONS must be received by **AUGUST 1, 2022**. No exceptions.

CHECKLIST FOR FINANCIAL ASSISTANCE:

- 1. Complete the application and attach and copy of your Filed Tax Form for the year 2021. Email the forms to saraipg@epsyos.org.
- 2. All EPSYO financial aid forms must be completely filled out as no Financial Aid Applications will be reviewed until all required documents are received.

Please include additional comments on your Financial Aid Application that will help explain your personal situation to the application review committee.

Your response should adequately address the need-based assistance you seek, percentages applied for Financial Aid are not guaranteed for the percentage applied for, but will be considered. The Financial Assistance Committee seriously considers this portion of your application.

Student Information

EPSYO Student's Name (Required):

EPSYO Financial Aid Application must be submitted only after submitting the regular EPSYO Membership Application for Season 2022-2023. If your EPSYO Membership Application is not received before or along with your EPSYO Financial Application for season 2022-2023, then your EPSYO Financial Aid Application 2022-2023 will be considered incomplete and it will not be processed.

Instrument(Required):

Age(Required):

Attending School Name (2022-2023) (Required):

Attending School Grade (2022-2023 School Year) (Required):

EPSYO Tuition Fees 2023: Intermediate YSP \$425.00, Upper Intermediate YSE \$425.00, Advanced YS \$475.00 & Semi-Professional YO \$525.00

I am applying for financial aid for the following percentage .(Required)

□ I am Applying for a 25% off Scholarship this Year (10 Volunteer Hours Required per Season 22-23)

□ I am Applying for a 50% off Scholarship this Year (15 volunteer Hours Required per Season 22-23)

□ I am Applying for a 75% off Scholarship this Year (20 Volunteer Hours Required per Season 22-23)

□ I am Applying for a 100% off Scholarship this Year (25 Volunteer Hours Required per Season 22-23)

Your response should adequately address the need-based assistance you seek, percentages applied for Financial Aid are not guaranteed for the percentage applied for, percentages will be considered on an individual/family income criterion. EPSYO Tuition Cost after subsidy for 2022-2023: YO \$525.00, YS \$475.00, YSE \$425.00 and YSP \$425.00.

Parent's Information:

Mother's Information

Mother's Full Name(Required): First Name:	Last Name:	
Mother's Contact Number(Required):		
Mother's E-mail Address (Not Student's)(Required):		
Mother's Employer's Name(Required):		
Mother's Employment Position Held(Required)		
Mother's Employer Contact Number(Required):		

Fathers Information

Father's Full Name(Required):	First Name		Last Name	
Father's Contact Number(Req	uired):			
Father's E-mail Address (Not	t Student's)(Required):			
Father's Employer's Name(Re	equired):			
Father's Employment Positio	n Held(Required):			
Father's Employment Contac	t Number(Required):			
Student's Father and Me	other Addresses			
Mother's Address(Required):	Street Address:			
			Zip Code:	
Father's Address(Required): St	reet Address:			
Ci	ity:	State	Zip Code:	

Financial Aid Application Non-refundable Fee is \$50.00. All FA applicants must pay this fee after submitting the FA Application. Please mail check to EPSYO, P.O. Box 180, El Paso, TX 79942 or call (915) 525-8978 to pay with a credit card.

(All FA applicants must pay this fee after submitting the FA Application. No FA applications will be processed without payment. (The FA fee will be rolled over to your EPSYO tuition balance 2022-2023 as a credit in your account after being processed.)

Household Information

Most recently filed Income tax return (Required): ____2021 ____2020 _____Other

(You must make arrangements to provide us with the first two pages of your most recent tax return in order to complete your financial aid application. You can do this by scanning and emailing to saraipg@epsyos.org or turn it in person to the EPSYO. Please call our offices at (915) 525-8978 to make these arrangements or to ask any questions you may have. Your application will be incomplete until these documents are received.)

Adjusted Gross Income (AGI) as listed on your most recently filed income tax return(Required):

Total number of people living in your household(*Required*): _____

Please write additional comments that will help explain your personal situation to the application review committee. Your response should adequately address the need-based assistance you seek. The Financial Assistance Committee seriously considers this portion of your application.(*Required*):

Email Application and 2021 or most recent tax document to saraipg@epsyos.org. Accepted file types: pdf, jpg, gif, png, Notes to the EPSYO (Type N/A if not Applicable)(*(Required)*______