



## Request for Financial Assistance (Application Fee Waiver)

**Applicant Information** (Please print or type.) By signing below, I certify that I understand and meet the eligibility requirements to request financial assistance. This may take the form of an application fee waiver or, for applicants invited to join NYO Jazz, the reimbursement of travel costs or other out-of-pocket expenses required for a student's participation in the program.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please note that if you are not claimed as an exemption/dependent on the tax return of your parent(s)/guardian and you receive less than \$1,000 in financial assistance per year from your parent(s)/guardian, you may be considered financially independent and may apply for this waiver based on your personal financial need. If you wish to be considered for a waiver on that basis, please contact NYO Jazz staff at 212-424-2024 or [nyojazz@carnegiehall.org](mailto:nyojazz@carnegiehall.org) for more information.

**Parent/Guardian Information** (Please print or type.)

By signing below, I certify that the applicant named above meets one or more of the eligibility conditions for an application fee waiver, and that, if requested by Carnegie Hall, I will provide documentation in support of the eligibility indicated below.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Eligibility Information** (Please check one or more of the qualifying indicators of financial need.)

- Applicant is enrolled in a free or reduced-price lunch program.
- Applicant is enrolled in a program for the economically disadvantaged (for example, a TRIO program such as Upward Bound).
- The annual income of the applicant's family falls within the levels listed by the United States Department of Agriculture (USDA) for reduced-price lunches (see table).
- Applicant's family receives public assistance.
- Applicant's family lives in federally subsidized public housing.
- Applicant is a resident in a foster home.

**USDA Food and Nutrition Service Income Eligibility Requirements for 2024–2025**

Number of Members in Household (including head of household)	Total Annual Income (for 2024 calendar year)
1	\$27,861.00
2	\$37,814.00
3	\$47,767.00
4	\$57,720.00
5	\$67,763.00
6	\$77,626.00

*To determine the income level for families with more than six household members, please see the complete table of guidelines at <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>.*

Send completed form by mail or email.  
Carnegie Hall / Weill Music Institute, Attn: NYO Jazz  
881 Seventh Avenue, New York, NY 10019  
Email: [nyojazz@carnegiehall.org](mailto:nyojazz@carnegiehall.org)

OFFICE USE ONLY  
Department Head Approval:  
Date:

Within 10 business days of receipt, we will contact the applicant with notification that the waiver is granted or to request additional information.