



## 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-USA, 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-USA staff at 212-424-2024 or [nyo-usa@carnegiehall.org](mailto:nyo-usa@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	\$67,673.00
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-USA  
881 Seventh Avenue, New York, NY 10019  
Email: [nyo-usa@carnegiehall.org](mailto:nyo-usa@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.