



Korean Community Services (KCS) Youth Orchestra SCHOLARSHIP APPLICATION FORM 2018-2019

This application form must be submitted along with a complete registration form, a non-refundable application fee, as well as a copy of your 2017 FEDERAL tax return by **Monday, September 17th**. Late and incomplete applications will not be considered.

For any additional questions, please feel free to call our main office at (718) 939 - 6137.

Parental (Legal Guardian) Information

Name: _____ Father Mother Legal Guardian

Age: _____ Married Single

Home Address: _____ Primary Phone: _____

City, State, Zip: _____ Email Address: _____

Employer Name: _____ Occupation: _____

Work Address: _____ #Years Employed: _____

City, State, Zip: _____ Work Phone: _____

Name: _____ Father Mother Legal Guardian

Age: _____ Married Single

Home Address: _____ Primary Phone: _____

City, State, Zip: _____ Email Address: _____

Employer Name: _____ Occupation: _____

Work Address: _____ #Years Employed: _____

City, State, Zip: _____ Work Phone: _____

KCS Main Office
Adult Daycare | Afterschool |
Immigration | ESOL

203-05 32nd Avenue
Bayside, NY 11361
Tel: (718) 939-6137
Fax: (718) 886-6126

Corona Senior Center
Korean Mutual
Aid Society

37-06 111th Street
Corona, NY 11368
Tel: (718) 651-9220
Fax: (718) 478-6055

Flushing
Senior Center

42-15 166th Street
Flushing, NY 11358
Tel: (718) 886-8203
Fax: (718) 886-8205

Public Health and
Research Center |
Workforce Development

2 W 32nd Street, Ste. 604
New York, NY 10001
Tel: (212) 463-9685
Fax: (212) 463-8347

Brooklyn
Project

8710 5th Ave. 1FL
Bay Ridge, NY 11209
Tel: (718) 630-0001
Fax: (718) 630-0002

Mental Health
Clinic

42-16 162nd Street, 2FL
Flushing, NY 11358
Tel: (718) 366-9540
Fax: (718) 534-4149



Dependents Living at Home

Number of children: _____

Number of dependent children living at home: _____

Number of students enrolling in KCS' Youth Orchestra Program: _____

	Name	Age	Grade	School
1.				
2.				
3.				
4.				
5.				

Financial Information

Annual Income

Previous Year
Jan-Dec, 2017

Current Year
Jan-Dec, 2018

Total Annual Income from 2017 tax return
form 1040 line 37 or form 1040a line 21

\$

\$

Explain any significant changes in income for the current year in the space below



Expenses	2017 Annually	Projected 2018 Annually
Rent	\$	\$
Mortgage (Interest & Principal)	\$	\$
Real Estate Taxes	\$	\$
Utilities	\$	\$
Income Taxes (net after refund)	\$	\$
Alimony/Child Support	\$	\$
Synagogue or Church Dues/Contributions	\$	\$
Tuition (less assistance received)		
Private School Tuition Paid	\$	\$
Summer Camp Tuition Paid	\$	\$
Music School Tuition Paid	\$	\$
Other school tuition paid	\$	\$
Insurance Premiums paid by you (including home, life, auto, medical, etc.)	\$	\$
Unreimbursed medical, dental expenses	\$	\$
Auto Loans/Lease (total all cars)	\$	\$
Loan repayments (total for all other loans)	\$	\$
Child Care, Domestic Help	\$	\$
Living Expenses (total for food, clothing, etc.)	\$	\$
Vacations	\$	\$
Other unusual expenses (please explain)	\$	\$
Total Expenses	\$	\$

Total Income less Total Expenses	\$	\$
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Explain any significant changes in expenses for the current year in the space below:



Assets

Cash and Other Liquid Assets	
Cash (total checking/savings/CDs, etc.)	\$
Marketable Securities (stocks, bonds, mutual funds, etc.)	\$
Total Cash Securities	\$

Real Estate	
Current Market Value	\$
Purchase Price	
Year Purchased	
Mortgage at time of purchase	
Secondary Residence Current Market Value	\$
All Other Real Estate	\$
Total Real Estate	\$

Motor Vehicles	Purchase Price	Current Value
Make/Model/Year :	\$	\$
Make/Model/Year :	\$	\$
Total Value Motor Vehicles:	\$	\$

Total Assets (other than business):	\$
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Business Assets	2017	Projected 2018
Name of Business:		
Nature of Business:		
Gross Revenue	\$	\$
Net Revenue	\$	\$



Liabilities

Please list current amount outstanding for each item	Current Balance
Primary Residence Mortgage	\$
Other Mortgages	\$
Home Equity Loans	\$
Auto/Bank Loans	\$
Other Non-Bank Loans	\$
Credit Card Loans/Debt	\$
Other Debts (list):	
	\$
	\$
	\$
	\$
Total Liabilities (other than business)	\$

Additional Information

Are there any other aspects of your personal/family financial situation, which would be useful in helping the committee make its decision? Please explain below.



Signature

I declare that the information contained in this form as well as any other documents submitted along with it, is to the best of my knowledge and belief, is true, correct, and complete. I understand that any scholarship may be revoked in the event of misrepresentation or change in circumstance.

Full Name (Print): _____

Signature: _____

Relationship to student: _____

Date: _____

<p>KCS Main Office Adult Daycare Afterschool Immigration ESOL</p> <p>203-05 32nd Avenue Bayside, NY 11361 Tel: (718) 939-6137 Fax: (718) 886-6126</p>	<p>Corona Senior Center Korean Mutual Aid Society</p> <p>37-06 111th Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055</p>	<p>Flushing Senior Center</p> <p>42-15 166th Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205</p>	<p>Public Health and Research Center Workforce Development</p> <p>2 W 32nd Street, Ste. 604 New York, NY 10001 Tel: (212) 463-9685 Fax: (212) 463-8347</p>	<p>Brooklyn Project</p> <p>8710 5th Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002</p>	<p>Mental Health Clinic</p> <p>42-16 162nd Street, 2FL Flushing, NY 11358 Tel: (718) 366-9540 Fax: (718) 534-4149</p>
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