

BYO 2024-2025 SEASON SCHOLARSHIP APPLICATION

Deadline: August 24th, 2024

Berkeley Youth Orchestra strives to ensure that no qualified young musician is prohibited from joining the orchestra due to financial need. Given the finite amount of available scholarship funds, **BYO asks that applicants consider how much they can afford to contribute towards tuition, such that scholarship resources can benefit as many musicians as possible.**

BYO Scholarship Policies

1. BYO awards scholarships solely based on financial need and does not consider race, color, religion, or any other non-financial factors in its decision-making process.
2. Scholarships are non-renewing and must be applied for each orchestra season. Qualifying criteria may change each season and receipt of a prior scholarship is no guarantee of future scholarship support.
3. Families who request scholarship assistance are required to enroll for the volunteer discount and fulfill the required volunteer hours. Failing to fulfill the volunteer hours can result in loss of scholarship.
4. All parents and/or legal guardians must sign and submit the completed scholarship application. Partial or incomplete submissions will not be accepted.
5. With the exception of the President and Orchestra Manager, the identity of families who apply for scholarship support shall be withheld from the Board of Directors while being considered. Under no circumstances shall the Orchestra Conductor be made aware of individual scholarship applications or decisions. BYO will never intentionally disclose the names of need-based scholarship recipients.
6. BYO uses the U.S. Department of Housing and Urban Development’s (HUD) Income Limit Categories for the Oakland-Fremont, CA HUD Metro FMR Area, which includes Alameda and Contra Costa Counties, for the basis of determining scholarship award tiers. Where differences exist, the tiers shown below shall govern. The Board of Directors reserves the right to adjust tiers and awards up to 10%.

Income Limit Area	Median Family Income	Income Limit Category	Adjusted Gross Income by Number of People in the Household								BYO Scholarship Eligibility
			1	2	3	4	5	6	7	8	
Oakland-Fremont, CA HUD Metro FMR Area	\$155,700	Extremely Low (30%)	\$32,700	\$37,400	\$42,050	\$46,700	\$54,450	\$54,200	\$57,950	\$61,650	Full scholarship; no family contribution required
		Very Low (50%)	\$54,500	\$62,300	\$70,100	\$77,850	\$84,100	\$90,350	\$96,550	\$102,800	Partial scholarship; family contributes a minimum of \$200 per musician
		Low (80%)	\$84,600	\$96,650	\$108,750	\$120,800	\$130,500	\$140,150	\$149,800	\$159,500	Partial scholarship; family contributes a minimum of 50% of tuition after discounts

Scholarship Application Requirements (check each box when completed)

- Assemble all of the required documentation and check each box in this section when complete. Initial where indicated at the bottom of this page.
- Complete the Member and Parent/Guardian Information section on the next page, check the acknowledgement box, and sign/date the application.
- Attach the first page only of the most recently filed Federal Income Tax Return for each parent or legal guardian. If filing separately, you must attach copies of the first page from both returns. Black out all information except family names, number of dependents and adjusted gross income (example attached).
- Attach a family letter (required) and any additional supporting documentation (optional) that explains special circumstances that you’d like the Board of Directors to consider with your application. Additional family income not shown on the 1040 should also be disclosed and explained.

Initial here: _____

Have questions? Contact the Orchestra Manager at manager@byoweb.org

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Member and Parent/Guardian Information

Musician #1

Musician #2

Name	_____	_____
Address	_____	_____
Home or Cell Phone	_____	_____
Email Address	_____	_____
School Name	_____	_____
School Music Teacher	_____	_____
Private Music Teacher	_____	_____
Private Teacher Phone	_____	_____

Parent/Guardian #1

Parent/Guardian #2

Name	_____	_____
Address	_____	_____
Home or Cell Phone	_____	_____
Email Address	_____	_____
Employer	_____	_____
Occupation	_____	_____

- We have a total of _____ people currently living in our household
- We are able to contribute \$_____ towards tuition this season (total per family, not per musician)
- Check here to indicate that all Parents/Guardians and Members applying for a scholarship have read the application, agree with the following statement, and provided an acknowledgement signature below.

"We declare that all information shared in the BYO scholarship application is true and all documents are copies of originals without any material alterations."

Signatures

_____	_____
Parent/Guardian #1	Musician #1
_____	_____
Parent/Guardian #2	Musician #2

Applicants will be notified via e-mail of the scholarship decisions by the end of September

Have questions? Contact the Orchestra Manager at manager@byoweb.org

Provide the most recently filed Form 1040, blacking out the sections shown in red below. Family information and adjusted gross income must remain visible!

Form 1040	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return	2023	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20_____				See separate instructions.
Your first name and middle initial John		Last name Doe		Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Jane		Last name Doe		Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 123 Main St.			Apt. no. 12	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Anytown		State CA	ZIP code 90000	
Foreign country name		Foreign province/state/county	Foreign postal code	
Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH) <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____			
Digital Assets	At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien			
Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1959 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1959 <input type="checkbox"/> Is blind			
Dependents	(see instructions):			
	(1) First name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	Samantha Doe	[REDACTED]	Child	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Charles Doe	[REDACTED]	Child	<input checked="" type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
Income	1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 g Wages from Form 8919, line 6 h Other earned income (see instructions) i Nontaxable combat pay election (see instructions) 1i [REDACTED] z Add lines 1a through 1h			1a 1b 1c 1d 1e 1f 1g 1h 1i 1z
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	2a Tax-exempt interest 2a [REDACTED] 3a Qualified dividends 3a [REDACTED] 4a IRA distributions 4a [REDACTED] 5a Pensions and annuities 5a [REDACTED] 6a Social security benefits 6a [REDACTED] b Taxable interest 2b b Ordinary dividends 3b b Taxable amount 4b b Taxable amount 5b b Taxable amount 6b			2b 3b 4b 5b 6b
Attach Sch. B if required.	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 8 Additional income from Schedule 1, line 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			7 8 9 10 11 12 13 14 15
Standard Deduction for—	<ul style="list-style-type: none"> • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions. 			
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2023)				