BYO 2025-2026 SEASON SCHOLARSHIP APPLICATION

Deadline: September 6th, 2025

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%.

FY 2025 Income Limit Area	Median Family Income	FY 2025 Income Limit Category	Persons in Family							
	Click for More Detail		1	2	3	4	5	6	7	8
Oakland-Fremont, CA HUD Metro FMR Area	$159,800	Very Low (50%) Income Limits ($) Click for More Detail	55,950	63,950	71,950	**79,900**	86,300	92,700	99,100	105,500
		Extremely Low Income Limits ($)* Click for More Detail	33,600	38,400	43,200	**47,950**	51,800	55,650	59,500	63,300
		Low (80%) Income Limits ($) Click for More Detail	87,550	100,050	112,550	**125,050**	135,100	145,100	155,100	165,100

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: _____

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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."

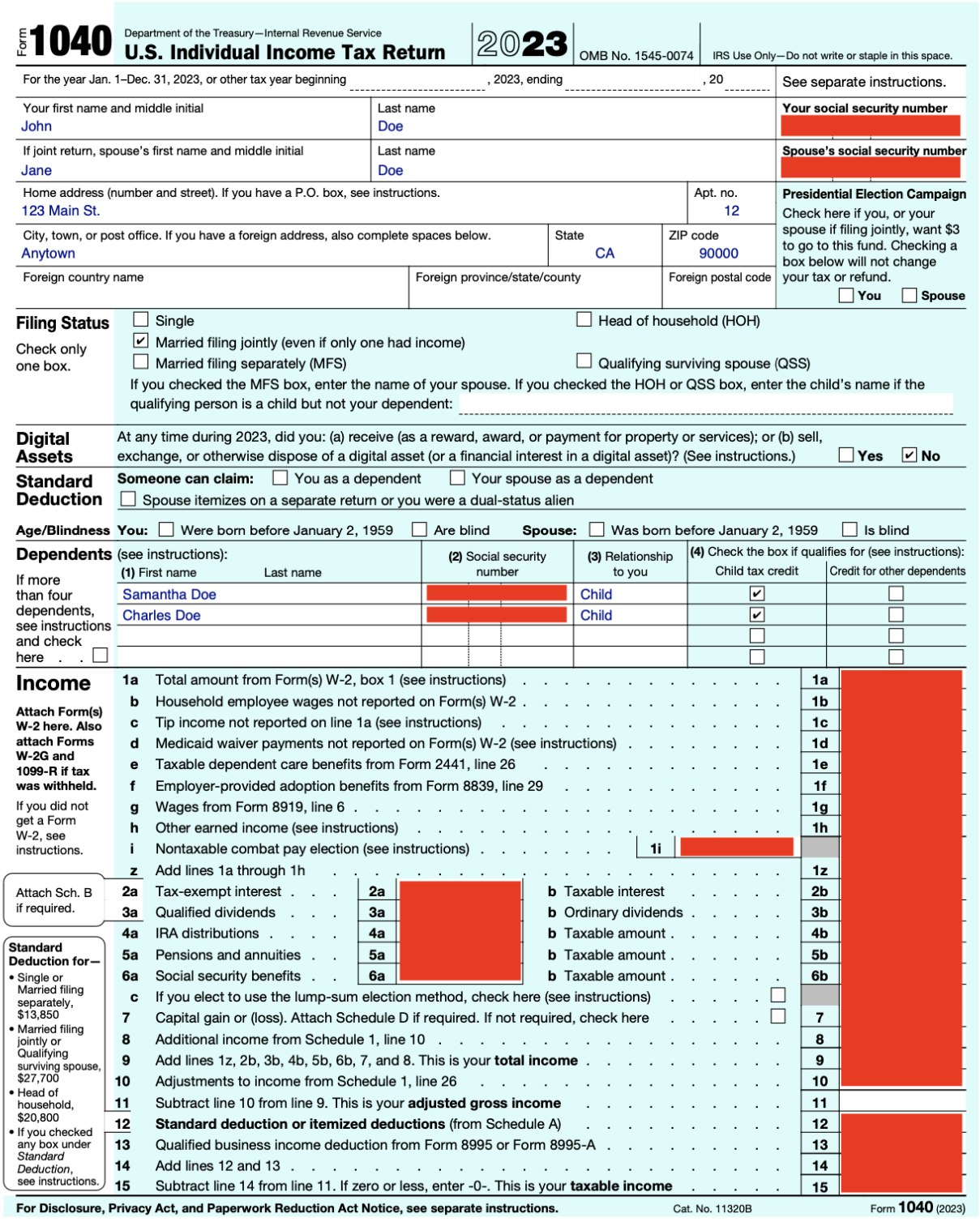
Signatures

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. ☐ You ☐ 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 (Check only one box.)
☐ Single ☐ Head of household (HOH)
☑ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ 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.) ☐ Yes ☑ No

Standard Deduction — **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness — **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
Samantha Doe	[redacted]	Child	☑	☐
Charles Doe	[redacted]	Child	☑	☐
			☐	☐
			☐	☐

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	[redacted]
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	
2a	Tax-exempt interest	2a	b	Taxable interest	2b	
3a	Qualified dividends	3a	b	Ordinary dividends	3b	
4a	IRA distributions	4a	b	Taxable amount	4b	
5a	Pensions and annuities	5a	b	Taxable amount	5b	
6a	Social security benefits	6a	b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	
12	**Standard deduction or itemized deductions** (from Schedule A)				12	[redacted]
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	

Attach Sch. B if required.

Standard Deduction for—
- 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)

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