

BYO 2022-2023 SEASON SCHOLARSHIP APPLICATION

Deadline: August 27th, 2022

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	\$142,800	Extremely Low (30%)	\$30,000	\$34,300	\$38,600	\$42,850	\$46,300	\$49,750	\$53,150	\$56,600	Full scholarship; no family contribution required
		Very Low (50%)	\$50,000	\$57,150	\$64,300	\$71,400	\$77,150	\$82,850	\$88,550	\$94,250	Partial scholarship; family contributes a minimum of \$200 per musician
		Low (80%)	\$74,200	\$84,800	\$95,400	\$106,000	\$114,500	\$123,000	\$131,450	\$139,950	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 taxable 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

BYO 2022-2023 SEASON SCHOLARSHIP APPLICATION

Deadline: August 27th, 2022

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 sections shown in red below.
Family information and taxable income must remain visible!**

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial John A.	Last name Doe	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Jane B.	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.		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. My Town	State CA	
Foreign country name	Foreign province/state/county	
ZIP code 90000		Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? 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, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> 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			Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Charles Doe			Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b
	3a	Qualified dividends	3a	3b
	4a	IRA distributions	4a	4b
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	5a	Pensions and annuities	5a	5b
	6a	Social security benefits	6a	6b
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7
	8	Other income from Schedule 1, line 9		8
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income		10c
	11	Subtract line 10c from line 9. This is your adjusted gross income		11
	12	Standard deduction or itemized deductions (from Schedule A)		12
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13
	14	Add lines 12 and 13		14
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15
				35,000