

## **CONFIDENTIAL FINANCIAL AID APPLICATION 2019**

Email this completed form to bassibrugnatellisymposium.com on or before 1 March 2020

Name				
Address	Last	First		M.I.
Address				
City			State	Zip Code
Phone:	Home ()	Wor	s ()	ext
	Fax ()	E-m	ail	
	married single you support yourself?			
		Section A	4	
What wa	s your adjusted gross income for 2019?	\$		
TOTAL	ANTICIPATED INCOME FOR 2020	\$		
	<b>HLY EXPENSES</b> Please list your average m arnings please explain:	onthly expenses (rent,	bills, food, transportation, lessons	s, etc) If monthly expenses
	u claimed as a dependent on a <b>2019</b> Federal be claimed as a dependent on a <b>2020</b> Federal		Yes □ (Complete Section B) Yes □ (Complete Section B)	
If so, ple	ase explain.			

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## Section **B**

To be completed only if you were claimed as a dependent in 2019, or will be in 2020

Who claimed you as a dependent in 2019? \_\_\_\_\_ In 2020? \_\_\_\_\_

Are there any special circumstances we should take into consideration when making financial aid decisions? Be specific in providing details of your circumstances.

The information presented in this application is true and correct, and gives an accurate picture of my need.

Signature of Applicant

Date