



New _____
Renewal _____
Date Received: _____

Children's Choir Program

Financial Assistance/Scholarship Application

Singer Name _____ Choir Ensemble _____

Years in SCS _____ Total number of persons in household _____

Parent/Guardian (s) _____

Phone Number (s) _____ Email _____

Briefly explain any situations that you feel are relevant to your request for financial aid/scholarship assistance.

Approximate Annual Household Income \$ _____

Do you qualify for government assistance such as food stamps, HUD, WIC, etc. _____

Office Use Only

Worksheet

Status: _____

Financial Aid OR Scholarship Fund

Reduced % Offered _____ Reduced \$ _____

Accepted _____

Declined _____

Notes: _____
