



Financial Assistance Request

Application for 20__-20__

Applications for Financial Aid will not be considered unless all of the following questions are answered in detail. Personal and financial information is held in the strictest confidence. Financial Aid for the SSYC is limited and we cannot guarantee assistance.

Without financial aid, will you be unable to enroll in the South Sound Youth Choirs? YES NO

Section A Parent/Guardian Information

Father's Employer: _____

Position Held: _____ Length of time employed _____

Previous year Gross Income US \$ _____ Current year Gross Income (estimated) US \$ _____

Mother's Employer _____

Position Held: _____ Length of time employed _____

Previous year Gross Income US \$ _____ Current year Gross Income (estimated) US \$ _____

TOTAL HOUSEHOLD INCOME US \$ _____

Total anticipated contribution to South Sound Youth Choirs Tuition Per Month: _____

List any private or public school program where the applicant is enrolled and any financial aid is receiving (such as free or reduced lunch program, etc.) **IF NOT ELIGIBLE FOR "FREE OR REDUCED LUNCH PROGRAM", GO TO "PLEASE DESCRIBE NEED." (NEXT PAGE)**

PROGRAM/SCHOOL

FINANCIAL AID RECEIVED

Include a copy of your **previous year Federal Income Tax Return** with this application.

PLEASE DESCRIBE NEED (IN DETAIL) IF NOT ELIGIBLE FOR “FREE OR REDUCED LUNCH PROGRAM”:

If I receive financial aid, I agree that no outside activities will interfere with the schedules assigned by the South Sound Youth Choirs. I understand that an unsatisfactory attendance record is reason for the financial aid to be withdrawn. I certify that to the best of my knowledge the information offered above is true and complete. I also understand financial aid will not be applied until a Financial Assistance Contract is agreed upon and signed by the Executive Director.

Parent Signature

Date