

**ARMSTRONG CHOIR**  
**FINANCIAL ASSISTANCE APPLICATION**

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Names of Parent or Guardian (s):

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. For what choir activity are you requesting assistance? (lessons/tour/other)

3. Request: (check one)

- Financial Assistance:** Payment Plan to delay payment schedule, but ultimately, pay fees in full  
 **Scholarship Gift:** Reduction in fees (up to 50% of total cost of program for which you are applying)

What is the dollar amount assistance you are requesting? \$ \_\_\_\_\_

4. Do you qualify for government financial assistance? List types of assistance (AFDC, Food stamps, free/reduced lunch, etc)

5. Are you aware of the fundraising opportunities provided by the Armstrong Choir Boosters each year?  
(see reverse side of this form) Which fundraising activities will you participate in to help offset your expenses?

Fundraising goal for the year: \$ \_\_\_\_\_

6. Are there extenuating financial circumstances that should be considered? Please explain.

7. Is there additional volunteer work that you would be willing to perform for the Choir Program? (Coordinating a fundraiser, volunteering for fundraising committee work, ushering at concerts, etc.) Other talents/skills that would benefit our program-please explain.

I hereby certify that all of the above information is true and correct, and I understand that the Armstrong Choral Program and/or Choir Boosters may verify the information on the application or ask for additional information.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to the Choir Office  
**ALL INFORMATION WILL BE KEPT CONFIDENTIAL**