

2019 Choral Academy Financial Assistance Application

**FINANCIAL ASSISTANCE APPLICATION WILL NOT BE REVIEWED UNLESS
ACCOMPANIED BY THE MANDATORY \$50 DEPOSIT**

Student's Name: _____ **Date:** _____
School: _____ **Grade (as of Sept, 2019):** _____
Music Teacher's Name: _____

Parent 1 Information:

Name: _____
Street Address: _____
City, State, Zip: _____ **Home Phone:** _____
Cell Phone: _____ **E mail:** _____
Occupation: _____ **Employed by:** _____
Free/Reduced Meal Status: Yes / No

Parent 2 Information:

Name: _____
Street Address: _____
City, State, Zip: _____ **Home Phone:** _____
Cell Phone: _____ **E mail:** _____
Occupation: _____ **Employed by:** _____
Free/Reduced Meal Status: Yes / No

Financial Assistance Request:

Each student's situation is different, and we try to be aware of that. Based on your current situation, what amount of the tuition (including the \$50 deposit) can you afford to cover?

\$ _____

Please describe below your reasons for requesting financial assistance.

I hereby affirm that the above information is true.

Parent's Signature: _____ **Date:** _____

Please send completed form and deposit to:

The Virginia Consort, Attn: Ellie Weikle, 5900 Weston Lane, Crozet, VA 22932