

**2017 Choral Academy
Financial Assistance Application—Please Print**

Student's Name: _____ **Date:** _____
School: _____ **Grade (as of Sept, 2017):** _____
Music Teacher's Name: _____

Parent 1 Information:

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

Parent 2 Information:

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

Financial Assistance Request:

___ Partial Scholarship (\$225) ___ Full Scholarship (\$350)
 (\$150 Deposit Only) (\$25 Deposit Only)

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 to:

The Virginia Consort, Attn: Nick Matherne, 142 Birdwood Court, Charlottesville, VA 22903