

**2018 Choral Academy
Financial Assistance Application—Please Print**

Student's Name: _____ **Date:** _____
School: _____ **Grade (as of Sept, 2018):** _____
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:

___ **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 and deposit to:
The Virginia Consort, Attn: Nick Matherne, 142 Birdwood Court, Charlottesville, VA 22903