

ABC BEL CANTO CHOIR, INC.
Tuition Assistance Grant Application
For the school year September 2016 through May 2017

ABC Chorister's Name _____

Address _____ Phone _____

City _____, Zip _____ Email _____

Circle Choir: Presto Vivace Bravo

Briefly state any special circumstances if applicable:

Names of household members and relationship to singer:

Income _____ per year/per month Are you eligible for school lunch assistance? _____
(Please circle one)

Total amount of aid requested (not to exceed tuition fee) \$ _____

Parent signature 1 _____

Parent signature 2 (if applicable) _____

Financial Aid is granted anywhere from 1-92% of tuition—there is a minimum tuition payment of \$25. There is also a one-time fee of \$25 which must be paid in every chorister's *first* year with the group.

Please submit form by June 1st with \$25 deposit to:

**Laura Biddle, Business Mgr
5254 Thompson Rd.
Clarence NY 14031**

We will respond to your request after the tuition fee deadline.
All information on/with this form will be held in strictest confidence.

PROOF OF INCOME MUST BE PROVIDED UPON REQUEST.