



Financial Assistance Request Form

For 2010-2011 Choir Year

To apply for financial assistance for your chorister(s), complete, sign and **return this application to the SVCC office with the registration form**. Incomplete or late applications may not be considered. **Application for choristers with outstanding balances will not be considered.** Notice of awards will be emailed to you around the beginning of July. *All information provided will be kept confidential.*

Parent's Name(s) _____ Phone _____

Address _____ E-mail _____

Mother's Employer _____ Occupation _____

Father's Employer _____ Occupation _____

Number of children in the family _____ Number of children participating in SVCC _____

Names of Choristers Applying	AFDC Case# (if applicable)	Food Stamp Case# (if applicable)	#of Months Food Stamps rec'd (if app)
1.			
2.			
3.			
4.			
5.			

1. FOOD STAMP HOUSEHOLDS OR AFDC RECIPIENTS: If you are currently receiving AFDC or food stamps for your chorister(s), enter his/her case number where requested above. Sign the application and return it with the registration form. You do not need to complete the back of this form if your chorister currently receives AFDC or food stamps. Case number must be current and active.

2. ALL OTHER HOUSEHOLDS: Please complete the information on the back of this form.

Please Complete Back Side

LIST ALL HOUSEHOLD MEMBERS

AVG MONTHLY EXPECTED INCOME

Name	Age	Male/ Female	Net Monthly Earnings from Work (After Deductions)	Monthly Welfare Payments, Child Support	Monthly Pensions, Retirement, Social Security	Total Monthly Income from all sources per family member
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5.			\$	\$	\$	\$
6.			\$	\$	\$	\$
7.			\$	\$	\$	\$
8.			\$	\$	\$	\$

FULL FAMILY TOTAL MONTHLY INCOME \$ _____

List All Monthly Expenses (based on an average month)

Home mortgage or rent	\$ _____
Car Payment	\$ _____
Credit Cards and other loans	\$ _____
Utilities	\$ _____
Medical and dental expenses (not paid by insurance)	\$ _____
Other financial obligations or family situation that you wish to be considered (please list):	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total Monthly Expenses	\$ _____

I certify that all of the above information is true and correct, that all income is reported and/or the food stamp or AFDC case number is reported correctly. I understand that this information is being given as application for the receipt of financial assistance. This is only an application for assistance for a portion of the tuition. You are obligated to pay the remaining tuition amount.

SIGNATURE

 Financially responsible adult

 Printed name

 Date Signed