



# Financial Assistance Request

For the Period August 2023 to June 2024

To apply for financial assistance for your singer(s), carefully complete, sign, and return this application to the choir office **by August 31, 2023**. Incomplete applications will not be considered. Late applications may not be accepted. **Applications for singers with outstanding fees will not be considered.**

Name of Singer(s) Applying	AFDC Case # (if applicable)	Food Stamp Case # (if applicable)	# of Months Food Stamps rec'd (if app)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**1. FOOD STAMP HOUSEHOLDS OR AFDC RECIPIENTS:** If you are currently receiving AFDC or food stamps for your singer(s), enter his/her case numbers where requested above. Sign the application and return it to the choir office as soon as possible. **You do not need to complete section 2 below or the back of this form if your singer currently receives food stamps or AFDC. Case numbers must be current and active.**

**2. ALL OTHER HOUSEHOLDS:** Please complete the following information, sign the application and return it to the choir office as soon as possible.

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	All Other Income, i.e. interest, dividends, lottery,	Total Monthly Income from all sources per family member
1. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

FULL FAMILY TOTAL MONTHLY INCOME \$ \_\_\_\_\_

**Please Complete Back Side**

**LIST ALL MONTHLY EXPENSES** (based on an average month)

Home mortgage or rent	\$ _____
Auto and home equity loans	\$ _____
Credit cards and other loans	\$ _____
Insurance premiums (home, auto, life, medical)	\$ _____
Utilities	\$ _____
Food and clothing	\$ _____
Entertainment	\$ _____
Medical and dental expenses (not paid by insurance)	\$ _____
Other home/apartment maintenance	\$ _____
Other activities (lessons for children) music, etc.	\$ _____
Charitable contributions	\$ _____
Other (please list)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	\$ _____

**Additional Comments / Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 and that choir staff may verify the information. **This is only an application for assistance for a portion of the fees. You are obligated to pay any fees remaining if financial assistance is awarded.**

SIGNATURE: \_\_\_\_\_  
Financially responsible adult

\_\_\_\_\_  
Printed name of adult above

\_\_\_\_\_  
Dated Signed

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: Home(\_\_\_\_\_)\_\_\_\_\_

Work (\_\_\_\_\_)\_\_\_\_\_ Ext. \_\_\_\_\_