



Madison Youth Choirs

2006-2007 Application for Financial Assistance

Date: _____ Applications are due by _____ Student Applicant(s): _____ Parent(s) or Guardian(s): _____	Indicate Choir: Colla Voce (\$150) Tallis (\$150)
Number of Dependents: Other than Self & Spouse _____ Reduced/Free Lunch Qualification: Yes or No Annual Income: (of household in which chorister resides) Gross Income: (as reported on income tax return, before taxes) \$ _____ Other Income: (child support, alimony, governmental assistance, etc.) Source: _____ \$ _____ Total Annual Income: \$ _____ Cash, Savings, and Checking: \$ _____	
Monthly Expenses: Rent/House Payment: \$ _____ Utilities: (Heat, Electricity, Water) \$ _____ Car payment(s): \$ _____ Insurance: \$ _____ Medical/Dental Payments: \$ _____ Educational Expenses: (inc. loan payments) \$ _____ Other debt payments: \$ _____ Other Exceptional Expenses: \$ _____ Total Monthly Expenses: \$ _____	Financial Request: Family pays \$ _____ + Scholarship amount \$ _____ = Total Tuition \$ _____

- 1) All parents are expected to volunteer occasionally at performances and special events. Are you willing to volunteer above this amount for specific office-based projects? Yes No
Please comment/explain: _____
- 2) On the back of this sheet, explain any unusual circumstances or expenses you would like us to consider when reviewing your application.
- 3) On the back of this sheet, describe why membership in Madison Youth Choirs is important to your child. The child may also attach a paragraph of his or her own to this form.

Forms can be mailed to: **Madison Youth Choirs, PO Box 5233, Madison, WI 53705**

Out of respect for our applicants, all application information is kept confidential.