

# Fishers Show Choir Financial Aid Application

Student Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Student School ID#: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student currently qualifies for:      free lunch \_\_\_ reduced lunch \_\_\_ neither \_\_\_

If currently not eligible for free/reduced lunch, please explain your reason for financial aid:

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

For student completion: Why do you feel that your participation in FHS choirs is important and valuable to you?

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

The FHS Choirs, Inc. Board of Directors will review each application privately. The amount of funds offered is determined by need and by availability of funds.

Financial assistance is subject to the following criteria:

- The student must participate in fundraising activities to earn assistance and/or volunteer.
- Parents or another responsible adult must volunteer to work at our choir events.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this form to Ms. De Luna or Mr. Archer.*

.....*Office use only below this line*.....

Guidance Office Signature to confirm free/reduced lunch status: \_\_\_\_\_

Date received: \_\_\_\_\_ Fundraising Matching Amount: \_\_\_\_\_

FHS Choirs, Inc. Executive Board Approval: \_\_\_\_\_ Date: \_\_\_\_\_