



Financial Assistance Application

(818) 618-902 | www.InnovationShowChoir.org

Date of application: _____

Name of Chorister: _____
Last name First name Middle initial

Date of Birth: _____

Address, City, State, Zip: _____

School: _____ Grade: _____

Parent/Guardian applying on chorister's behalf: _____

Mailing Address: _____ Phone: (____) _____

Email Address: _____

Household Income Summary – *must be completed in order that application may be considered:*

Adult #1: _____ \$ _____
Name Occupation/Employer Monthly gross income

Adult #2: _____ \$ _____
Name Occupation/Employer Monthly gross income

Child/Spousal Support: \$ _____ CalWORKS/TANF/Social Security Income: _____

Total monthly household income: \$ _____ # of persons living in household: _____

Why do you require financial assistance? (Use back of this page or type response on an additional sheet, if necessary.)

Financial Aid Contract for Parent/Guardian: I understand that my acceptance of financial aid enabling my child to participate in the **Innovation Show Choir** constitutes an agreement between the **Innovation Show Choir** and myself. For the financial assistance that I receive, I agree that my child will participate fully in **Innovation Show Choir** for the term of the award and that I will provide volunteer services to the **Innovation Show Choir**. I agree that I will, on request, provide proof of any of the details I have related in my application. I further acknowledge that I have read the above agreement and that I understand and accept the responsibilities set forth therein.

Signed: _____ Relationship to Chorister: _____

Please return this form to: Lydia A. Saxton, Executive and Artistic Director
Innovation Show Choir, 23742 Lyons Ave., Newhall, CA 91322.