

**CHORAL MUSIC PROGRAM – MARCIA WALDMAN CHORUS**  
**HILLCREST CENTER FOR THE ARTS**  
**HILLCREST CENTER, 403 WEST HILLCREST DRIVE**  
**THOUSAND OAKS, CA 91360**  
**(805) 381-2747, FAX: (805) 370-1341**

FA # \_\_\_\_\_

**PLEASE NOTE:** THIS FORM MUST BE COMPLETED AND TURNED IN TO THE CHORUS INSTRUCTOR PRIOR TO YOUR CHILD'S PARTICIPATION IN THE PROGRAM.

**FINANCIAL AID REQUEST**

SEMESTER \_\_\_\_\_

SCHOOL: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVE. PHONE: \_\_\_\_\_

Briefly list the reason for your request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much of the \$62 fee can you pay? (List the Amount or None): \$ \_\_\_\_\_ FINANCIAL AID AMT \$ \_\_\_\_\_

PLEASE NOTE: ANY AMOUNT THAT YOU CAN PAY WILL HELP US MAKE FINANCIAL ASSISTANCE AVAILABLE TO MORE STUDENTS.

Do you need to make payments on the amount you can pay? (Yes or No): \_\_\_\_\_

We must have a minimum payment of 25% of the amount you can pay attached to this request.

**Make Checks payable to: ARTS COUNCIL OF THE CONEJO VALLEY.**

\_\_\_\_\_

We accept AMERICAN EXPRESS, DISCOVER, MASTERCARD and VISA for payment.  
To charge your payment by phone, call (805) 381-2747 or visit [www.hillcrestarts.com](http://www.hillcrestarts.com).

\_\_\_\_\_

I certify that the information listed above is accurate and I agree to pay the amount listed above.

Signed:

\_\_\_\_\_  
Parent/Guardian

**APPROVAL:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chorus Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
CRPD Cultural Unit Office (Arts Council Center)

\_\_\_\_\_  
Date