

CHORUS PROGRAM
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 \$90.00 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 CENTER.

We accept AMERICAN EXPRESS, MASTERCARD and VISA for payment. To charge your payment by phone, call (805) 381-2747 or visit 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

Music Instructor

Date

Principal

Date

CRPD Cultural Unit Office (Arts Council Center)

Date