



Lake Superior Youth Chorus Financial Assistance Application

Parent/ Guardian's name _____

Singer's name(s) _____

Address/City/State/Zip _____

Phone number _____

E-mail address _____

<i>Choristers</i>	<i># of singers x</i>	<i>\$300</i>	_____	_____
<i>Concert Choir</i>		<i>\$400</i>	_____ +	_____
<i>Jazz/Gospel 1x wk</i>		<i>\$400</i>	_____ +	_____
<i>Vocal Jazz small group 2x wk</i>		<i>\$500</i>	_____ +	_____
<i>Total Family Tuition</i>			=	_____

Financial Assistance Requested _____

Reason for Financial Assistance Request: Please explain circumstances and reason for need.
(Required) _____

Gross Annual Household Income \$ _____

Household Size (# of Adults and Children) _____

*Note: All financial assistance applications are confidential.
Applications will be reviewed by LSYC executive board committee members only. Assistance awards will be confirmed by e-mail or letter. Awards are limited to available funds.*

Mark Morse
608 W. Ideal St.
Duluth, MN 55811

* * * * *

(For treasurer's use only)

_____ Assistance Awarded
_____ Balance Owed

