

**FAIRFIELD COUNTY CHILDREN'S CHOIR
ANNUAL FINANCIAL ASSISTANCE APPLICATION
RETURN NO LATER THAN July 27, 2020**

The FCCC is a non-profit organization and all funds for financial aid are provided by gifts, contributions and general operating revenue.

A limited number of financial aid grants for choristers are available each year and are awarded based on demonstrated financial need as well as the funds available at the time of the request.

All Financial Assistance Applications are entirely confidential and will be reviewed by the FCCC Financial Aid Committee. Return this form no later than July 27, 2020 to:

Fairfield County Children's Choir PO Box 1528, Fairfield, CT 06825

FCCC is an inclusive vocal music community. We encourage and welcome all applicants without regard to race, creed, religion or national origin and we do not discriminate in the administration of our program, financial assistance or other activities.

I. GENERAL INFORMATION

Chorister's Name: _____

Parent/Guardian First and Last names:

Parent/Guardian First and Last names:

Address (Street, City, State Zip):

Parent/Guardian: Home Phone: _____

Cell Phone: _____

Parent/Guardian email: _____

Choir that your chorister was accepted into (listed on acceptance letter)

Chamber _____ Concert Choir _____ Chorale _____ Chorus _____

Please indicate the amount of financial aid your family is requesting: \$ _____

If there are circumstances not yet reflected on the application which should be considered, please explain on a separate sheet of paper.

**>>> Have you completed all sections of this application?
Incomplete or missing information on this application
may result in it not being considered.**

I hereby affirm that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation could jeopardize my ability to receive assistance.

Chorister's Name: _____

Parent/Guardian Signature: _____

Date: _____

**This page may be used as a guide for your family.
This page does not need to be returned with your Application for Aid.**

Income

	Parent/Guardian	Parent/Guardian
Monthly Earnings/Wages	_____	_____
Monthly Welfare/child support	_____	_____
Monthly Disability	_____	_____
Monthly Pension/retirement	_____	_____
Monthly Support/alimony	_____	_____
Other Monthly income sources	_____	_____

Total income from both columns: _____

Expenses/Financial Obligations

	Parent/Guardian	Parent/Guardian
Monthly Mortgage/Rent:	_____	_____
Monthly Utilities (oil, elect, phone, etc.):	_____	_____
Monthly Car payments:	_____	_____
Monthly Court ordered payments <i>(incl. alimony & child support):</i>	_____	_____
Monthly College/School Tuition:	_____	_____
Monthly Food:	_____	_____
Monthly Medical:	_____	_____
Monthly Clothing:	_____	_____
Monthly Misc/Other:	_____	_____

Total Expenses from both columns: _____