



Financial Need Based Scholarship/Payment Plan Application

Name _____ Age _____ (Rising) Grade _____

Address _____

Parent's Names _____

Evening Phone _____ Day Phone _____

E-mail _____

Please indicate below the circumstances that apply to your family

_____ Receive free lunch fare

_____ Receive reduced lunch fare

_____ Single parent

_____ Sibling sings in Choralis

_____ 1 or more parent unemployed

_____ Other, please explain on reverse

Scholarship/Payment request:

Scholarship/Payment Plan Awarded

_____ Full amount _____

_____ Half amount _____

_____ Semester payment _____

_____ Monthly payment _____