

Cypress Creek FACE Summer Strings Camp
Financial Aid Request Form

Please print clearly.

Student's Name: _____

Parent/Guardian Name: _____

Day phone: _____ Evening phone: _____

Address: _____

Email: _____ City, Zip: _____

Program Level: Summer Strings (7th, 8th & 9th Grade - \$200)

Junior High School: _____

Director: _____

Total fee of Program: \$200 will be divided as follows:

Family Contribution: \$ _____ *Minimum contribution: \$50 – 7th & 8th Grade Camp*

Financial Aid Contribution Request: \$ _____ *Please keep in mind we have many students requesting aid but only a limited amount of funds*

Total Program Fee: \$ _____ *This should total \$200.*

It is requested that a student's family contribute to the best of their ability.

Number of people in household: _____ Adults _____ Children

Student lives with (check one): _____ One Parent/Guardian _____ Both Parents _____ Other

Please describe any unusual family circumstances that you would like considered. Attach an additional page if necessary.

I certify that the information above is complete and accurate. I understand it is the only information the committee will have when considering this application. All information will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

Application should be turned into your school's Orchestra Director.