

Cypress Creek FACE Summer Strings Camp 2024  
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 (7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup> Grade - \$200)

School District: \_\_\_\_\_ School Campus: \_\_\_\_\_

Orchestra Director: \_\_\_\_\_

Total fee of Program:  \$200/\$225 will be divided as follows:

Family Contribution: \$ \_\_\_\_\_ **Minimum contribution: \$75**

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

Total Registration Fee: \$ \_\_\_\_\_ *This should total \$200 or \$225 depending on what district the student attends.*

*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 the family circumstances that you would like considered in your request for Financial Aid. 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 sent to our Camp Director, Mrs. Cora Neely, at [cneely1@kleinisd](mailto:cneely1@kleinisd).  
Note: The email subject line should state "KISD: Financial Aid Request"**