

Cypress Creek FACE 6th Grade Strings Camp 2024
Financial Aid Request Form

Please print clearly.

Student's Name: _____

Parent/Guardian Name: _____

Day phone: _____ Evening phone: _____

Address: _____

Email: _____ City, Zip: _____

Elementary School Campus: _____

Junior High _____ Orchestra Director: _____

Total fee of Program: \$100 will be divided as follows:

Family Contribution: \$ _____ **Minimum contribution: \$50**

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 \$100*

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. Torrez McKee, at rtorresmckee1@kleinisd.net.

Note: The email subject line should state "KISD: Financial Aid Request"