

Livingston Parish Children's Choirs

Financial Assistance Form

Please complete and return this form to:

LPCC, 423 Brenda Drive, Denham Springs, LA 70726

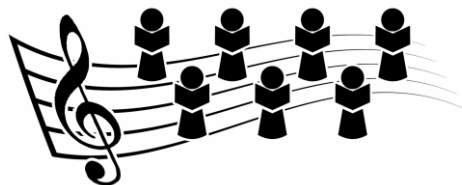
All Financial Assistance Forms must be received with a completed Registration Form by the deadline indicated for that semester. All applicants will receive a written notice of approval or rejection from the LPCC Financial Review Committee. *Financial Assistance and Registration forms are available on line at LPCCsing.org.*

To apply for Financial Assistance for your child(ren), carefully complete **either** Section A **or** Section B **or** Section C of this application, then sign and mail this application to LPCC Financial Review Committee at the above address OR bring this application with your registration form to rehearsal. The application must be **postmarked or hand delivered by the deadline indicated on the Registration Form. Late applications will NOT be considered. This form must be resubmitted for each school year. Signature and mailing address are required to complete this form. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE BY LPCC.**

Section (A) SNAP RECIPIENTS ONLY:

If you are **NOW** receiving SNAP benefits for your child(ren), enter the information in the blanks below. You do not need to fill in Section B/C of this form. **If accepted, you will only owe \$25.00 per child for choir tuition.**

| | |
|---------------------------|-------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Name of Child(ren) | # Months SNAP received |



LPCC...inspiring harmony in the community.

(B) ALL OTHER HOUSEHOLDS: If your household *does not* receive SNAP benefits for one or more of your children, please complete the following questions. *(If accepted, you will owe 50% of each child's tuition.)*

(1) List the names and ages of everyone living in your household; include yourself. If you need more space, please use a separate sheet of paper. Please print clearly.

(2) List all income received in the previous year. May be listed as monthly or annual income. Please include child support, dividends and all other income.

Total income for previous year: \$ _____ Month/Year

Anticipated income this year: \$ _____ Month/Year

(3) List annual expenses such as medical & dental not paid by insurance.

\$ _____

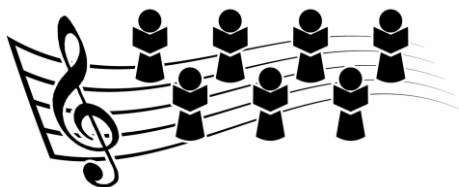
(4) List other activities or lessons you pay for your child(ren): (i.e. music, dance, sports, etc.)

(5) Please comment as to why you believe your child(ren) should receive financial aid for tuition from LPCC.

(C) SPECIAL TUITION:

50% discount for the following: Active Military, Full-time Pastors/Music Ministers
Branch of Military: _____

Church Name and Ministerial Position: _____



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Financial Assistance Form - SIGNATURE PAGE

By my signature, I certify that all of the above information is true and correct, that all income is reported and/or the SNAP benefits is reported correctly. I understand that this information is being given as application for the receipt of financial assistance and that the LPCC Finance Review Committee may verify the information.

SIGNATURE _____

PHONE NUMBER: _____

MAILING ADDRESS: _____
STREET CITY ZIP

E-MAIL ADDRESS: _____

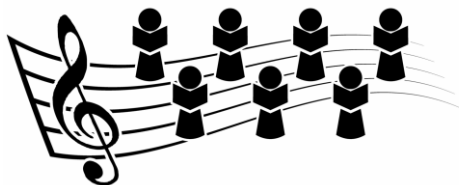
CHOIR MEMBER NAME(S): _____

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FOR OFFICE USE ONLY:

Approved Declined

Date Applicant was contacted with decision: _____