

# Livingston Parish Children's Choirs

## Financial Assistance Form

*Please complete and return this form to:*

**LPCC, P.O. Box 206, Watson, LA 70786**

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 [www.LPCCsing.org](http://www.LPCCsing.org).*

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

### **Section (A) FOOD STAMP HOUSEHOLDS OR AFDC RECIPIENTS ONLY:**

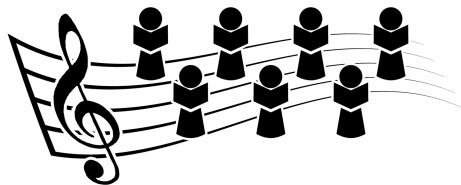
If you are NOW receiving AFDC for your child(ren), enter the food stamp case number in the blanks below. You do not need to fill in Section B of this form. If accepted, you will only owe \$25.00 per child for choir tuition.

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Name of Child(ren)	AFDC Case #	Food Stamp #	# Mths. Stamps Recd.
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*LPCC...inspiring harmony in the community.*

**(B) ALL OTHER HOUSEHOLDS:** If your household *does not* receive food stamps or if you *do not* receive AFDC for one or more of your children, please complete the following questions. *If accepted, you will owe 50% of each child's tuition. Add up the total tuition due for your child(ren), then take 50% off.*

**(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.**

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**(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.**

Income earned last fiscal year: \$\_\_\_\_\_ Anticipated income this year: \$\_\_\_\_\_

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

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

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

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By my signature, I certify that all of the above information is true and correct, that all income is reported and/or the food stamps or AFDC case number 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:\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved  Declined

Date Applicant was contacted with decision: \_\_\_\_\_