

Financial Aid Application

2023-2024 Season

To be fully considered for financial assistance, complete this form in full, **attach a copy of your most recent 1040, 1040EZ, or other tax return**, and return to Boychoir office by August 30 (fall semester) or December 12 (spring semester), 2023. **Please black out any Social Security Numbers (SSN) or Tax ID numbers.** The Boychoir will not consider incomplete applications. Funds are subject to availability. *All information provided will be kept strictly confidential.*

Singer's Name						
Name of Parent/Gua	ırdian 1	 				
Name of Parent/Gua	ırdian 2	 		·····		
Primary Phone	· · · · · · · · · · · · · · · · · · ·	 				
Primary Email Addre	ess					
Mailing Address						
Place of Employmen	it for Parent/Guardian	1				
Employer Address			_ Phone	Phone		
Place of Employmen	t for Parent/Guardian	2				
Employer Address			Phone	Phone		
	fare, ADC, interest, (gifts, inheritance,	I wages, salaries, tips, ch etc. ne or Weekly Income	ild support, Other		
Parent/Guardian 1						
Parent/Guardian 2						
Other						

X Ambassador X Trebles X Te	nbassador nor-Bass X Jou	rneyMen 🗶 App	orentices X Not Sure
Please list all family member	s and dependents liv	ring in household by	<i>y</i> name and age:
Name	Age	Name 	Age
Please share more about you (optional):	ır family's need and/	or about the assista	nce you are requesting
Attach a copy of your most of consider financial aid applicate Numbers (SSN) or Tax ID numbers (SSN)	ations without this in		
Signature of Parent/Guardian			 Date

Which choir will your boy be singing with this season?

Return this application with accompanying tax documentation to the attention of Carmen Greiner, Executive Director, Cincinnati Boychoir, 650 Walnut St., Cincinnati, OH 45202. You may also submit it via email: jason.holmes@cincinnatiboychoir.org. Please contact the Boychoir office with any questions, or to receive a paper application form at (513) 396-7664 or sing@cincinnatiboychoir.org.