

Chorister Assistance

The Boys Chorus is dedicated to helping boys in diverse family situations to participate in its program.



Please see office staff for assistance completing this section.

Chorister Name/Level	Annual Tuition
1. _____	\$ _____
2. _____	\$ _____
Deposit paid? Y/N	Total balance due: \$ _____
Financial Aid amount requested: \$ _____	

Parent/Guardian names: 1. _____ 2. _____

Phone number(s): _____

in household: _____ # Adults: _____ # children: _____

Other Dependents: _____

Annual Gross Income \$ _____ Annual Expenses \$ _____

Please describe your family circumstance and how financial aid will help so that your son may participate in the Boys Chorus (use the back if you need more space).

How much do you feel you can reasonably afford to pay each month? \$ _____

If assistance is not granted, or is not full assistance, tuition will be charged in monthly payments through bank account withdrawal or to a credit card, to be completed by May 2024.

Bank Name _____ Routing number _____

Bank Acct No. _____ ☐ checking ☐ savings

Or Credit Card Number _____ Exp. Date _____

Name on card _____

Signature _____ Date _____

For Office Use Only

Date Application Rec'd: _____

Amount already received from chorister family: \$ _____

Are all other financial commitments to TABC paid current at this time?:

☐

Yes

☐

No: _____

Financial Aid amount approved: \$ _____

Notes: _____

Approved by Committee Chair:

X _____