

3. _____

4. _____

Is financial assistance available for any of the above-described activities? (Y / N)

If yes, have you made application for such assistance? Explain: _____

Amount of financial assistance requested for The Georgia Children's Chorus: \$ _____ per month.

Please describe in detail the reasons for your request for financial assistance and any special circumstances which affect your need (use reverse side of this form if necessary):

The Georgia Children's Chorus reviews Applications for Financial Assistance once only, after all applications have been submitted. Please furnish complete responses to the questions presented in order that this Application may be considered by the Financial Assistance Committee. The Georgia Children's Chorus may contact you if additional information is required. By signing in the place indicated below, you understand and acknowledge that the decision for granting financial assistance is subject, in any event, to the availability of funds to The Georgia Children's Chorus, and this Application does not constitute a promise or agreement that any such financial assistance will be provided.

Under penalty of perjury, the undersigned states that the information set forth in this Application is true and correct.

Signature: _____

Date: _____

Please return to:

Georgia Children's Chorus
Hugh Hodgson School of Music
250 River Road
Athens, GA 30602
