

***Oberlin Choristers  
Financial Aid Application***

The Financial Aid Committee of the Oberlin Choristers' Board of Directors is happy to consider your application. While we consider the fees to be modest in relation to the level of instruction and service provided, we nevertheless understand that the fees can cause a hardship for some families. We invite families to consider setting up a payment plan and/or take advantage of fund-raising credits (ITAs.) If after due consideration you feel that you need aid in order for your child(ren) to participate, please provide the information requested below. **All information will be kept confidential and will be used solely in determining Chorister financial aid awards.**

***Financial Aid awards cannot cover the required Tuition Deposit.  
Please remit the non-refundable deposit (see "Tuition and Fee Schedule" for your choir) with this Application form.***

We are applying for \$\_\_\_\_\_ in financial aid.

Please explain your need and your circumstances in this space: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Name of school(s) your child(ren) attend: \_\_\_\_\_

\*Total number of exemptions claimed on federal tax forms: \_\_\_\_\_

\*Please explain briefly other activities your children are involved in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*What other financial assistance does your family receive? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Required Information:**

*Please provide a copy of your most recent tax return, or other documentation,  
which proves your household's income for the current calendar year (or previous tax year).*

Name of Chorister(s): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Signature of parent or guardian** \_\_\_\_\_

*Return this application, the required deposit and necessary financial documentation with registration materials.*

**Office Use Only:**

Choir Fee _____	Date: _____	Foundation: _____
Other Fees (uniform) _____		
Deposit Amt. _____	Choir: DM JM CM UVM CTM WMF	
Financial Aid Amt. _____		
Balance Due _____	Financial Documentation received: _____	Notification _____