



SAYC FINANCIAL AID APPLICATION

Students are welcome to request Financial Aid for their Registration Fee (\$50). To request Financial Aid, it is necessary to complete the following, showing specifically how much financial assistance you need in order to participate in SAYC.

Please turn in your application to Tina McCartney, tmccartney@youthcue.org, or Ashley Allen, aallen@youthcue.org. You will be notified of your acceptance and any further steps needed in order to receive your assistance. After receiving notification of your assistance, you will need to complete the clinic online registration form.

All requests will be kept totally confidential.

Student's Full Name: _____

Student's Address (street, city, zip): _____

Student's Cell Phone Number: _____

Student's email (Please print clearly): _____

What school do you attend? _____ Grade: _____ Voice Part: _____

What amount can you pay towards your registration fee of \$50? ___\$0 ___\$10 ___\$20 ___\$25 ___\$30 ___\$40 \$_____ Other

By completing and signing this Financial Aid Application, you agree that all the above information is correct.

Student Signature

Date

Parent or Legal Guardian Signature (if student is a minor)

Date

=====

YouthCUE office use only: _____