

ARTS COUNCIL OF THE CONEJO VALLEY/HILLCREST CENTER FOR THE ARTS

BAND & STRINGS PROGRAM

HILLCREST CENTER, 403 WEST HILLCREST DRIVE

THOUSAND OAKS, CA 91360

(805) 381-2747, FAX: (805) 370-1341

FA # _____

PLEASE NOTE: THIS FORM MUST BE COMPLETED AND TURNED IN TO THE BAND OR STRINGS INSTRUCTOR PRIOR TO YOUR CHILD'S PARTICIPATION IN THE PROGRAM.

FINANCIAL AID REQUEST

SEMESTER: _____

SCHOOL: _____ INSTRUCTOR: _____

PARENT/GUARDIAN NAME: _____

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

EMAIL: _____ DAY PHONE: _____ EVE. PHONE: _____

Briefly list the reason for your request: _____

How much of the \$190.00 fee can you pay? (List the Amount or None): \$ _____

HCFA Only - FA Amt:

PLEASE NOTE: ANY AMOUNT THAT YOU CAN PAY WILL HELP US MAKE FINANCIAL ASSISTANCE AVAILABLE TO MORE STUDENTS. The minimum suggested payment is \$47.50.

Do you need to make payments on the amount you can pay? (Yes or No): _____

We must have a minimum payment of 25% of the amount you can pay attached to this request.

If you need to make payments, please include a Payment Plan form as well.

Make Checks payable to: **ARTS COUNCIL OF THE CONEJO VALLEY (or ACCV).**

We accept AMERICAN EXPRESS, MASTERCARD, VISA, and DISCOVER for payment. To charge your payment by phone, call (805) 381-2747.

I certify that the information listed above is accurate and I agree to pay the amount listed above.

SIGNED:

Parent/Guardian

Date

APPROVAL:

Music Instructor

Date

Principal

Date

CRPD Cultural Unit Office (Arts Council Center)

Date