

ARTS COUNCIL OF THE CONEJO VALLEY/ HILLCREST CENTER FOR THE ARTS
CHORUS PROGRAM
HILLCREST CENTER · 403 WEST HILLCREST DRIVE · THOUSAND OAKS, CA 91360
(805) 381-2747 · FAX: (805) 497-319

FA # _____

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

FINANCIAL AID REQUEST

SEMESTER: Fall Spring SCHOOL YEAR: _____

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 \$110.00 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 \$27.50.

Do you need to make payments on the amount you can pay? Yes 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. Use the Payment Plan on the Back of the Form to agree to a payment plan.

Make Checks payable to: **ARTS COUNCIL OF THE CONEJO VALLEY** (or ACCV).
We accept 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 (Hillcrest Center for the Arts)

Date

FINANCIAL AID PAYMENT PLAN AGREEMENT:

I agree to make payments on schedule listed below for the amount I can pay which is \$_____. The minimum payment is 25% of the amount due on the dates below. Please divide the total you are paying by 4 and enter the amount in the boxes below. *For example: if you are paying \$40.00 total, \$40.00 divided by 4= \$10.00*

I will make payments using the following method:

- I will pay online using a credit card at www.HillcrestArts.com
- I will pay by credit card by calling the Hillcrest Center for the Arts at 805-381-2747
- I will pay via check written to the ACCV and delivered to my Music Instructor.

PAYMENT #	PAYMENT	Fall Date/Spring Date	PAYMENT #	PAYMENT	Fall Date/Spring Date
<u>#1</u>	<u>\$</u>	<u>Oct 1/Feb 1</u>	<u>#3</u>	<u>\$</u>	<u>Dec 1/Apr 1</u>
<u>#2</u>	<u>\$</u>	<u>Nov 1/Mar 1</u>	<u>#4</u>	<u>\$</u>	<u>Jan 1/May 1</u>

AGREED:

Parent/Guardian

Date