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

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<u>PLEASE NOTE:</u> THIS FORM MUST BE COMPLETED AND TURNED IN TO THE BAND/STRINGS INSTRUCTOR **PRIOR** TO YOUR CHILD'S PARTICIPATION IN THE PROGRAM EACH SEMESTER.

FINANCIAL AID REQUEST SEMESTER: INSTRUCTOR: PARENT/GUARDIAN NAME: STUDENT NAME: ADDRESS: STATE ZIP DAY PHONE: EVE. PHONE: Briefly list the reason for your request: How much of the \$205.00 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 \$51.25. We must have a minimum payment of 25% of the amount you can pay attached to this request. 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. Instructors cannot accept cash payments. Cash must be paid directly to ACCV at the Hillcrest office 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

Date

CRPD Cultural Unit Office (Arts Council Center)