**ACYC Financial Aid Application (confidential) for 2023-24 revised 8/21**

Angelica Cantanti Youth Choirs (ACYC) is a non-profit organization whose mission is to provide a complete premier musical experience for young choral musicians. It is our desire that every singer be able to participate. Financial aid is available for class fees only. Other expenses are the responsibility of the family. Financial aid is awarded on the basis of financial need and special circumstances and must be approved by the Endowment Committee of the Board of Directors.

This application for assistance is only for a portion of fees. You are obligated to pay any fees remaining if financial assistance is awarded.

Complete this application and send it with attachments (or scan and email to [angelicamanager@gmail.com](mailto:angelicamanager@gmail.com)) by **August 15, 2023**. Incomplete applications will not be considered. Applications for singers with outstanding fees will not be considered. Personal and financial information is held in the strictest confidence.

**Part I: Personal Information**

Singer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Singer’s grade in fall 2023 \_\_\_\_\_\_\_\_\_ Choir name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact (for fee payment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II: Financial Information**

Yearly Gross Income (combine all sources for last 12 months) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Living in Household \_\_\_\_\_\_\_\_\_\_

Single Parent Household: Yes\_\_\_\_ No\_\_\_\_\_

How much can you pay toward your singer’s fees? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you participate in SNAP, TANF, or FDPIR, enter your case number (not your card or account number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not participate in any of the above assistance programs, please attach a copy of the first 2 pages of your most recent **Individual Income Tax Return Form 1040**. Black out all social security numbers on the tax forms. If you are unable to supply tax forms, please attach a copy of your two most recent pay stubs.

Are there any extenuating circumstances or other information of which the ACYC committee should be aware as it considers your application? (Use additional pages if necessary.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III: Verification and Signature**

Please sign and date the statement below.

The information provided on and with this form is accurate to the best of my knowledge.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part IV: Instructions for Submission**

Scan and email all documents to [angelicamanager@gmail.com](mailto:angelicamanager@gmail.com) by **August 15**. Or send completed application to

Angelica Cantanti Youth Choirs

Attn: Endowment Committee

1800 W. Old Shakopee Road

Bloomington, MN 55431

952-563-8572

All information on this form will be kept confidential. Applicants will be notified by email prior to the first class. Aid will be applied to your singer’s account when a notification letter is signed and returned to our office. For more information, contact Andrea Dittmer at [angelicamanager@gmail.com](mailto:angelicamanager@gmail.com).

**Application Checklist**

Please be sure you have included the following when submitting your application:

□ Part I: Personal Information

□ Part II: Financial Information

□ Part III: Verification and Signature

□ Income Tax Return Form 1040 (first two pages only) with SSN blacked out

□ Additional pages (optional)