Franklin Central Show Choir Financial Aid Application

Student Name:	ident Name: Student Phone:		
Student School ID#:			
Parent Name:		Parent Phone:	
Email:			
Student currently qualifies for:	free lunch reduced lunch	neither	
If currently not eligible for free/reduced	lunch, please explain your reason for financia	al aid:	
For student completion: Why do you fee	el that your participation in FCHS choirs is imp	portant and valuable to you?	
the form of fundraising matching or vo	ill review each application in a private and con lunteer hours. For example, for each dollar ned limit. Amount of funds offered are detern	earned via fundraising, FC Choirs, Inc. will	
Financial assistance is subject to the follo	owing criteria:		
	n fundraising activities to earn assistance and dult must volunteer to work at the Hoosier Sh		
Student Signature:	[Date:	
Parent Signature:	[Date:	
	Please submit this form to a director.		
	Office use only below this line.		
Guidance Office Signature to confirm fre	ee/reduced lunch status:		
Date received:	Fundraising Mat	Fundraising Matching Amount:	
EC Chaire Inc. Evacutive Board Approval		Data	