

Horizon High School Choral Department

In order to receive financial assistance or an extended payment plan from the choir department, we ask each student and his or her family to agree to the following stipulations. We appreciate your cooperation with this matter, and we will continue to do everything in our power to assist you with the financial commitments of this choral program.

1. I have completed the attached Scholarship/Payment Plan Application including a brief description of my financial situation and a monthly payment that I can afford on a regular basis.
2. I will aggressively seek tax credit donations from friends, neighbors and family in the State of Arizona.
3. My son/daughter will participate in all choir fundraisers and I understand that any money that they earn will go towards the unpaid balance due of their choir fees.
4. Both my son/daughter and I will be available to give of our time and talent to the program as often as possible! We are willing to help with various projects, such as preparing for concerts, filing music, cleaning the room, organizing costumes, etc. when needed.

Brief Description of reason for financial aid: _____

We can commit to paying \$_____ each month toward the choir fees. If we can pay more at any particular time, we will do so.

Payment plan: _____

Student Name: _____

Date: _____

Student Signature: _____

Date: _____

Parent Name: _____

Date: _____

Parent Signature: _____

Date: _____