



Application for 2018 Rising Stars Financial Assistance

Child's (or children's name(s)) _____

Age(s) _____ Grade(s) (Spring 2018) _____

Parent/Guardian _____

Address _____

City _____ Zip _____

Email: _____

Phone: _____

Please write a short statement explaining your need for financial assistance:

Why do you want your child(ren) to participate in Rising Stars?

If your family can afford part of the fee, how much can you afford for each child? _____

Signature of Parent/Guardian

Date

Every effort will be made to grant approved financial assistance requests, depending on available funding.