



**2020 SUMMER CAMP (JUNE 22-26)  
APPLICATION FOR FINANCIAL AID**

The Wilmington Children's Chorus Financial Aid Program is designed to help singers who would be otherwise unable to attend summer camp for financial reasons. Applicants may be awarded **partial-** or **full-tuition aid** depending on the level of need and available funds. The Wilmington Children's Chorus Financial Aid Committee will select and notify all applicants no later than **May 31, 2020**.

***All information provided in this application will be kept strictly confidential.***

Please complete this form and mail **with the Registration Form and a reduced \$25.00 non-refundable deposit** by **May 15, 2019** to:

Wilmington Children's Chorus  
1015 N. Monroe St.  
Wilmington, DE 19801

Name of Singer: \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation of Parent(s)/Guardian(s): \_\_\_\_\_

Household Annual Gross Income: \_\_\_\_\_ Less than \$9,999 \_\_\_\_\_ \$10,000 to \$29,999  
\_\_\_\_\_ \$30,000 to \$49,999 \_\_\_\_\_ \$50,000 to \$69,999 \_\_\_\_\_ over \$70,000

Number in Household: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Number of children attending WCC camp: \_\_\_\_\_

Amount of Financial Aid Requested: \_\_\_\_\_

**To be completed by the parent(s)/guardian(s):** Please explain why you are applying for financial aid. (Please use the back of this paper if necessary)

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

***By signing this document, I attest that all information I have reported is to the best of my knowledge accurate and true.***

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the singer:** Why do you want to attend the Wilmington Children's Chorus Summer Camp? (Please use the back of this paper if necessary)

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