



Riverview HS Chorus

Chorus Financial Assistance Application

Student Information

Student Name: _____

Parent/Guardian (s): _____

Contact Information: **(student)** _____

(P/G #1) _____

(P/G #2) _____

Event Name: _____

Amount Requested: _____

Please mark any/all of the following you have participated in:

- | | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Concession sales | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Holiday Events | <input type="checkbox"/> Car Washes | <input type="checkbox"/> Event support | <input type="checkbox"/> Other _____ |

Reason for Request (Please provide a short explanation as to the need for financial assistance):

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Request Approval Status

Approved

Rejected

Comments:

Chorus Director Signature

Date

Office Representative Signature

Date

Booster Representative Signature

Date

Booster Representative Signature

Date