



Juneberry Community Chorus - Tuition Assistance Application

Name of Student: _____ Age (if under 18): ____

Name of Parents/Guardians if under 18: _____

Address: _____

Email Address: _____ Phone: _____

Amt. applying for: \$ _____

Please write a brief paragraph explaining the need for assistance.

Have you been a student with us before? _____

In order to complete your application, we must receive both of the following documents:

Tuition Assistance Application (this page)

Completed registration form

Please sign, date and mail to Upper Valley Music Center, PO Box 826, Lebanon, NH 03766

All requests must be received at the time of registration. Applications cannot be accepted after the first lesson or class.

To the best of my knowledge, the financial statement attached and information above are true.

Signature of Student (if under 18, parent)

Date