



Cappella Festiva
PO Box 2111
Poughkeepsie, NY 12601
845-853-7765
www.cappellafestiva.org
email: administrator@cappellafestiva.org

Financial Assistance Application

Cappella Festiva Treble Choir, Cor Capriccio & Summer Choral Festival, is part of a non-profit organization designed to uniquely educate and enrich motivated young singers by providing opportunity for study and singing of diverse treble choral repertoire under the leadership of experienced teachers. In this safe, enriching, and non-competitive environment, peers of varied ages collaborate as well as encourage and mentor.

Cappella Festiva provides financial assistance for children in families that exhibit financial need to attend the Cappella Festiva Treble Choir, Cor Capriccio program or the Summer Choral Festival.

Financial assistance requests must be submitted each year. Priority will be given to financial assistance applications that are received 3 weeks prior to the start of the program. Late applications will be considered if funds are available.

Our goal is to ensure that every student who wants to sing with our ensembles is able to do so. If you require financial assistance, we want to help. If you would like to apply for financial assistance, please attach a short note on the next page, explaining your need for assistance and/or any extenuating circumstances (loss of job, family illness, etc.)

All families that receive financial assistance will be required to make at least a partial tuition payment.

"If I cannot fly, let me sing."
~ Stephen Sondheim

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To apply for financial aid, please send the following to:

Cappella Festiva
PO Box 2111
Poughkeepsie NY 12601

Or send the information below via email to: administrator@cappellafestiva.org

1. Completed financial assistance request form (below) or copy into an email
2. Completed program registration form (on our brochure) or register online
3. Registration deposit for program: \$100 *refundable if scholarship need is not met*

Child's Name _____

Parent/Guardian's Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone Number _____

Does your child qualify for a free school lunch? Yes _____ No _____

Is your family receiving aid from Social Services? Yes _____ No _____

Parent/Guardian Signature _____

Briefly describe below why you need financial aid:

(This information will be kept confidential)