



Skyline Friends of the Arts  
*Application For Financial Assistance*

*Event Needing Financial Assistance:*

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Name of Family:

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*Application must be turned in no later than 2 weeks prior to the first payment due date and/or 6 weeks prior to the event. For Skyline camps, please submit with registration packet.*

*Please mail your application to the appropriate director at the address below*

<i>Andrea Cowper Orchestra Director</i>	<i>Lyn CieChanski Choir Director</i>	<i>Jason Smith Band Director</i>
<i>Skyline High School 2552 N. Maple Rd. Ann Arbor, MI 48103</i>	<i>Skyline High School 2552 N. Maple Rd. Ann Arbor, MI 48103</i>	<i>Skyline High School 2552 N. Maple Rd. Ann Arbor, MI 48103</i>



## Skyline Friends of the Arts *Application For Financial Assistance*

Skyline Friends of the Arts (SFA) wishes to meet the goal of providing an equal educational opportunity to every student in the performing arts programs at Skyline High School. To this end, SFA **may** provide financial assistance to students of the arts who are unable to pay for associated trips, competitions, or other special events. If payments of any kind ever become difficult, we strongly encourage families to speak confidentially to the director. **Financial assistance covering up to half of associated costs may be available based on need and funds available.**

*TO BE COMPLETED BY THE PARENT OR GUARDIAN: (due no later than six weeks prior to event)*

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_

Address: \_\_\_\_\_

understand the purpose of the need-based scholarship as outlined above and hereby claim that the cost of the item listed below would cause undue financial hardship. I request that my child be considered for financial assistance to help cover the cost of:

Item/Description: \_\_\_\_\_

Total Cost: \_\_\_\_\_ (list total cost of camp/trip/expense)

I am able to pay: \_\_\_\_\_ (list total dollar amount you are able to pay)

I am requesting: \_\_\_\_\_ (list total amount of assistance being requested)

Is there any other information you would like to provide that is relevant to this request: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

To Be Reviewed and Approved By the SFA Scholarship Committee

\_\_\_\_\_  
Signature of Division Director

\_\_\_\_\_  
Signature of SFA Scholarship Committee Chair

\_\_\_\_\_  
Date

I hereby certify that the above applicant does not have a relationship to any SFA Scholarship Committee member or chairperson..

\_\_\_\_\_, SFA President Date \_\_\_\_\_