



CLEVELAND
CLEVELAND ARTS PERFORMANCE ENSEMBLE

Cleveland High School Band Parent's Association Financial Aid Application

Return to: CHSBPA 65 Glen Road PMB 195 Garner, NC 27529

Name of Participant: _____ Date: _____

Name of Parent/Guardian requesting financial need: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Mailing Address: _____

We are asking for assistance to offset the following costs:

Name of Expense: _____ Date of Expense: _____

Full fee \$ _____ Amount Requested \$ _____

Head of Household:

Spouse:

Name of Employer:

Name of Employer:

Work Address:

Work Address:

Number of people living in household: _____

Household Family Income Total Amount: _____

Please check applicable items to indicate financial need:

_____ Student is eligible for free lunch program through Johnston County Schools.

_____ Change to Household Family Income or Employment.

Please explain: _____

_____ Other Financial Difficulties (excessive medical bills, multiple siblings in program, etc.)

Please explain: _____



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You may be requested provide documentation that supports the financial need. Such documentation may include, but is not limited to: most recent tax return, medical bills, bankruptcy filing, pay stubs, or other documentation verifying financial hardship. All information will be held in the strict confidence and returned upon review.

I certify that the above information is true, correct, and complete. I understand that any financial aid will be applied to the current band season's expenses and I must submit a new financial aid application, if financial aid is still needed, for each new school year.

Signature: _____