Pearce Area Orchestra Club 2024-2025 Financial Aid Application – Corpus Christi Trip

FORMS ARE DUE BACK NO LATER THAN Wednesday January 1, 2025

General Instructions: Please complete this form to request financial aid to assist with the cost of the upcoming trip to Corpus Christi. To qualify, a student must not have any outstanding balance on their account other than the final \$175 installment payment. The completed form can be emailed to treasurer@jjpearceorchestra.com or placed into the safe in the orchestra room by the due date. Amounts up to \$175 may be awarded.

Attach a typed or written explanation* (one paragraph minimum) of your reason(s) for applying for financial aid. Please provide information that will assist the Financial Aid Committee in assessing your needs; for example: recent periods of unemployment, prolonged illness, etc.

In addition, students may include a second paragraph describing the ways they have served the orchestra in the past. Extra hard work and commitment from a student will be given additional consideration when awarding financial aid.

The information included on this form is **strictly confidential**. It is necessary in order to ensure that our limited resources are allocated as fairly and justly as possible. The committee will review and consider all applications.

ACCOUNT BALANCE D	UE**:	\$	AMOUNT O	F AID REQUEST	<u>ED:</u>	\$	
<u>Student</u>		·			_	•	
Name:							
Address:							
City and Zip Code:							
Email:							
Phone number:							
1st Parent/Guardian							
Name:							
Address:							
City and Zip Code:							
Email:							
Phone number:							
Occupation:							
Employer:							
How long?							
2nd Parent/Guardian							
Name:							
Address:							
City and Zip Code:							
Email:							
Phone number:							
Occupation:							
Employer:			 				
How long?			 				

^{**}Log into your Presto account at app.presto-assistant.com to find your balance due

^{*}Please write your paragraph(s) and sign on the next page:

lunch information from the Pearce Counseling Department to the PAOC Scholarship Committee.								
Explanation of need (required):								
		Ι						
Student signature:	Parent/Guardian signature:	Date						

Please circle one: I am / I am not eligible for free/reduced lunch. If applicable, I agree to allow release of free /reduced