

Salina Youth Symphony Program  
Participation Fee Assistance/Waiver Request

Student's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Parent/Guardian Requesting Assistance: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Statement of Need

Please explain why you are requesting assistance with the \$150 (\$75 per semester) participation fee. You may write in the space below or attach a separate sheet:

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**In order to help offset the cost of operating the Youth Symphony Program, we ask that you pay a portion of the fee if possible.**

\_\_\_\_\_ I am **able** to pay a partial fee of: \_\_\_\_\_\$50 per semester \_\_\_\_\_\$25 per semester

\_\_\_\_\_ I am **unable** to pay a partial fee.

Please include partial payment with your application if possible. Otherwise, we would be happy to mail an invoice at a later date.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail your application to: Salina Symphony, P.O. Box 792, Salina, KS 67402-0792  
Or drop it by the Salina Symphony Office: Stiefel Theatre (2<sup>nd</sup> Floor), 151 S. Santa Fe Ave., Salina*