

Salina Youth Symphony Program
Participation Fee Assistance Request

Student's Name: _____ Date of Request: _____

Name of Parent/Guardian Requesting Assistance: _____

Phone Number(s): _____

Email Address: _____

Do your children qualify for free/reduced lunches at school? **Please circle one:** yes no

Statement of Need

Please explain why you are requesting assistance for the participation fee. You may write in the space below or attach a separate sheet:

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: _____\$60 per semester _____\$30 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 (2nd Floor), 151 S. Santa Fe Ave., Salina*