OFFICAL USE BY VIVACE			
Full tuition cost: \$	Assistance granted: \$	Amount due: \$ Monthly payments of:	OR
Authorized by:	On date:	Parent signature:	
CHORAL PROGRAM Tuition assists		8 Tuition Assistance App	
	_	the following amounts for each choir Iixed, or \$25 off/month for Cathedra	
Chorister's Last Name		First Name	
		First Name	
	dress:		
Fee and Reduced Lunch b		to have an economic hardship and qua principal must verify that you qualif	
Sahaal Dringingly	Sianotuno	Cahaal	
	Signature to be used in consideration for gra		egibly):
(Parent Intl) To refundable registration or u (Parent Intl) If participate in Vivace! for on time and agree to participate in volunteer program. 4. Please indicate in what (Please write legibly):	uition assistance covers tuition fees on iform fees, etc. These fees must be pure granted tuition assistance, the chorist the FULL year, to be a chorister in gipate as a student helper or as a parent at capacity you and/or your child are	nting tuition assistance (Please write leading and does not include the chorister's aid before tuition assistance will be granter and/or parents (or legal guardians) agrood standing, pay the balance of the tuit volunteer with our Vivace! Involved Parents (able to volunteer for your tuition assistance)	non- nted. gree to tion owed arents (VIPs)

Thank you for your application,

William Klouse, Vivace! Choral Program Board President

Mailing address: 18710 Meridian E, Ste# 115, PMB# 11, Puyallup WA 98375