

Spirito Singers 2024-2025 FINANCIAL ASSISTANCE PROGRAM

Applicant(s) Names(s):

_____ Age: _____

Name:

_____ Age: _____

Name:

Use just one form for all children in the family applying for assistance. Follow the instructions included with this form. Submit completed application and documentation as soon as possible.

To complete this application, you need one of the following documents:

- 2023 **Federal Income Tax return**
- 2023 **W-2**
- **Most recent pay stub**

Mail this completed form and your documents to:

Spirito! Singers, 900 Jorie Boulevard, Suite 102, Oak Brook, IL 60523

Attn: Spirito! Financial Officer* (**Information submitted is kept confidential.*)

OR

Email to:

cfitsimmons@spiritosingers.org AND

dlittle@spiritosingers.org

Instructions

- Fill out only one application for each family no matter how many applicants.
- Each item that applies to the family **MUST** be answered completely and accurately. If an item does not apply to your family, mark N/A.

A-B. Parent/Guardian financially responsible for child's education

Answer questions 1 through 14 for all parents and guardians. Do not leave any questions blank.

C. Parents' Marital Status

Be sure to check appropriate box indicating parents' marital status.

D. Size of Family

Enter family size **at home**. Do not include children who have moved out of the home. Include only family members dependent on and residing with parent listed in Item A. (This should correspond with the number of exemptions on your 2021 Federal Income Tax Form.)

E. Additional Information and signature

Please sign the application and indicate any additional information which you feel might be helpful in assessing your need for financial assistance.

A. Financially Responsible Parent/Guardian

Check one: _____ Father _____ Mother
_____ Stepfather _____ Stepmother
_____ Other (explain in Section E)

1. _____
Last Name First Name MI

2. _____
Area Code Home Telephone

3. _____
Email Address

4. _____
Age

5. _____
Address

6. _____
City State Zip Code

7. _____
Occupation/Title/Rank

8. _____
Employed By How Long?

9. _____
Address

10. _____
City State Zip Code

11. _____
Area Code Business Telephone

12. How often do you receive a paycheck? _____

13. Amount of take-home pay each check \$_____.00

B. Other Parent/Guardian

Check one: _____ Father _____ Mother
_____ Stepfather _____ Stepmother
_____ Other (explain in Section E)

14. _____
Last Name First Name MI

15. _____
Area Code Home Telephone

16. _____
Email Address

17. _____
Age

18. _____
Address

19. _____
City State Zip Code

20. _____
Occupation/Title/Rank

21. _____
Employed By How Long?

22. _____
Address

23. _____
City State Zip Code

24. _____
Area Code Business Telephone

25. How often do you receive a paycheck? _____

26. Amount of take-home pay each check \$_____.00

C. Responsible Parent's Current Marital Status

29. Check one:
 Single
 Married
 Widowed
 Both Deceased
 Divorced
 Separated
 Other i.e. Guardian/Grandparents
 Divorced/Remarried

D. Size of Family

30. Number of family members who are financially dependent on parents who will reside in household in school year 2019-2020.

Number of Adults ____ Number of Children ____

31.. In order to evaluate your financial assistance form, Spirito!

requires financial information from both parents. If there are special circumstances, please explain in Section E, (use separate sheet if necessary).

32. Check the documents you have enclosed with this form:

- Parent's complete 2023 Federal Income Form 1040, 1040A, or 1040EZ
- Student's complete 2023 Federal Income Form 1040, 1040A, or 1040EZ (if applicable)
- Parent's W-2 Forms
- Most recent pay stub

E. Please feel free to indicate any other information that you feel the Financial Officer would need to know to better assess your family's situation and financial needs for Spirito on a separate piece of paper.

I declare that, to the best of my knowledge and belief, the information on these forms is true, correct, and complete.

Parent/Guardian Signature:

Date _____