**VOICES Boston**

**TUITION PAYMENT SCHEDULE GERSHWIN ENSEMBLE**



Full tuition for the Gershwin Ensemble for the 2017-2018 season is $1,300.00.

Please choose one of the two payment schedule options below, and pay the non-refundable $100.00 deposit.

***Note: If you would like to request tuition assistance, please skip to page two of this form.***

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please choose one of the following three payment schedule options:**

 □ Option 1: Fees paid in two installments

**#1 July 1**: $100 non-refundable deposit

**#2 September 1**: $1300

 □ Option 2: Fees paid in four installments

**#1 July 1**: $100 non-refundable deposit

**#2 September 1**: $400

**#3 November 1**: $410 (includes $10 administration fee)

**#4 January 1**: $410 (includes $10 administration fee)

Please send this form and your deposit check made out to VOICES Boston to

 VOICES Boston

 P.O. Box 470411

 Brookline, MA 02447

Please let us know as soon as possible if any circumstances arise during the VOICES season that would require a change in your payment plan. If you have questions or difficulties, please call 857-366-0034.

**TUITION ASSISTANCE APPLICATION**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performing Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOICES Boston is committed to serving children regardless of their family’s ability to pay. Families with diverse financial situations may apply for tuition assistance, and we realize that each family’s circumstance is unique. If you would like to apply for financial aid, please print out this form. After filling it out, mail it along with your 2016 tax return and a $25 deposit to VOICES by August 1 to

 VOICES Boston

 P.O. Box 470411

 Brookline, MA 02447

We will notify you of the decision on your request no later than August 25, 2017.

Please call us at 857-366-0034 if you would like help with this application, if the $25 deposit presents a problem, or if you have any questions. All information will be kept completely confidential and will not be shared with anyone who does not need to review it, including the artistic and program staff who work directly with the children. Documents will be shredded after tuition assistance decisions have been made.

1. If you filed 2016 income tax returns, please include a copy of your federal tax return (Form 1040, 1040A, 1040EZ) with this form.

2. Did your child or anyone in your immediate family receive any of the following benefits in 2016?

□ Supplemental Security Income Program (SSI)

□ Temporary Assistance to Needy Families

□ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

3. Does your family live in Brookline Housing Authority Public Housing or in Section 8 Affordable Housing?

4. Are there any factors in 2017 that have led or will lead to financial hardship for your family in 2017- 2018? If so, please explain.

5. Are there any other financial factors you would like us to consider?

6. What is the amount of tuition you feel you can pay? \_\_\_\_\_\_\_\_\_\_\_

 On what schedule do you think you could pay?

 DATE AMOUNT

 August 1, 2017 $25

 September 1, 2017 \_\_\_\_\_\_\_\_\_

 October 1, 2017 \_\_\_\_\_\_\_\_\_

 November 1, 2017 \_\_\_\_\_\_\_\_\_

 December 1, 2017 \_\_\_\_\_\_\_\_\_

 January 1, 2017 \_\_\_\_\_\_\_\_\_

 Other: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Other:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_