2026 Avon Choral Student Financial Assistance Program Application

Student Name:

Person completing the form (Printed Name):

Person completing the form signed name:

Relationship to the student:

Provide best contact (email, cell#)

List all Avon choirs the student participates in:

Please provide rationalization and insight into the family hardship and the ability to cover the remaining balance of fees:

Why I love Avon Choirs