



## 2026-2027 Tuition Assistance Application

The St. Louis Children's Choirs believe that any child who loves to sing should have the opportunity to do so. Sliding scale tuition assistance is available to every family that demonstrates need on a first come, first served basis as funds allow. Assistance is provided regardless of race, gender, gender expression, religion, disability, sexual orientation, or national origin.

### WHAT IS COVERED BY TUITION ASSISTANCE?

Tuition assistance covers:

- All rehearsals and musicianship classes for the 2026-2027 season

Tuition assistance does not cover:

- Uniforms<sup>1</sup>
- Concert tickets

### WHEN DO I NEED TO APPLY?

All applicants must submit a new tuition assistance application each year. Tuition assistance applications are accepted and reviewed on a rolling basis.

### WHAT IS REQUIRED TO COMPLETE MY APPLICATION?

- \$30 New Student Registration Fee (if applicable)
- Financial Documents (see financial information checklist)
- Statement of Need
- Completed Application Form<sup>2</sup>

### WHERE DO I SUBMIT MY APPLICATION?

Tuition Assistance applications may be submitted in 2 ways:

- Email Joshlyn Enochs at [joshlyn@slccsing.org](mailto:joshlyn@slccsing.org)
- In person drop off at the Choir Office<sup>3</sup>

### WHAT HAPPENS AFTER I SUBMIT MY APPLICATION?

- Tuition assistance notifications will be sent within 10 business days
- Your new payment plan must be signed and returned within 5 days of receipt

### QUESTIONS?

Contact Joshlyn Enochs at [joshlyn@slccsing.org](mailto:joshlyn@slccsing.org) or 314.993.9626 ext. 101

<sup>1</sup> A limited supply of used uniforms is available. Donated tickets are available on a first-come first-served basis.

<sup>2</sup> Incomplete applications will not be processed.

<sup>3</sup> Choir Office location and hours: 2842 N Ballas Rd, St. Louis, MO 63131. Mon-Thurs from 10am-5pm, Fri by appointment only.

**APPLICANT INFORMATION**

Singer Name(s)

Choir Ensemble(s): Music Makers Children's Choir Chorale Choristers Cantus Concert Choir

Parent/Guardian Name(s)

Home Address

City State Zip

Email

Phone Number

**FINANCIAL INFORMATION:** Review the list below and provide supporting documentation of all income.

Required:

- **2025 Tax Return** - Only pages reflecting adjusted gross income, dependents, and all income claimed
- **W2** or 2 consecutive pay stubs
- **A short email or letter** about your situation including details such as medical expenses, student loan payments, and other pertinent information regarding finances or employment

If Applicable:

- **Unemployment Benefits** - Monetary determination letter
- **Social Security Compensation** - Determination statement (amount and frequency)
- **State Subsidized Funding** - (SNAP, Housing assistance, etc) award letter or statements

<b>Total # of people in household:</b>	<input type="text"/>
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**SIGNATURE OF PARENT/GUARDIAN\*** **DATE**

*\*By typing your name above, you acknowledge that the information is accurate and completed to the best of your ability.*

For office use only: Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_ Assistance %: \_\_\_\_\_