

**PLEASE ATTACH A THE FIRST PAGE OF LAST YEAR'S FORM 1040 OR 1040-EZ OR OTHER TAX RETURN. APPLICATIONS WILL NOT BE CONSIDERED WITHOUT SUCH INFORMATION.**

Name of Boy \_\_\_\_\_

Name(s) of Parent(s) or Guardians \_\_\_\_\_

Contact Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

**Please list all wages, salaries, tips, child support, welfare, ADC, interest, gifts, inheritance, etc. This information will be kept strictly confidential.**

	Annual	Monthly	Weekly	Other
Father				
Mother				
Guardian				
Other				

**Please list all family members and dependents living in household by name, age and relationship.**

Name	Age	Relationship	Name	Age	Relationship

**IF THERE ARE EXTENUATING CIRCUMSTANCES THAT YOU MIGHT MAKE A DIFFERENCE IN OUR CONSIDERATION OF YOUR APPLICATION, PLEASE INCLUDE THEM ON A SEPARATE SHEET OF PAPER.**

Return this form to  
 John Spain, Director of Operations  
 Cincinnati Boychoir  
 650 Walnut St.  
 Cincinnati, OH 45202  
 OR email to:  
 office@cincinnati-boychoir.org

\_\_\_\_\_  
 Signature of parent of guardian

\_\_\_\_\_  
 Date