



Financial Aid Application

If you would like to be considered for financial aid, please fill out the following information completely. All applications will be reviewed by Minister of Music and Senior Pastor.

FULL NAME: _____

PARENT NAME (if applicable): _____

CIRCLE ONE: M F AGE: _____ GRADE: _____

BIRTHDATE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

HAVE YOU COMPLETED A MINIMUM OF ONE SEMESTER OF STUDY AT CCA? Y N

DO YOU REGULARLY ATTEND GULF TO LAKE CHURCH? Y N

ARE YOU A MEMBER OF GULF TO LAKE CHURCH? Y N

STUDENT SIGNATURE: _____

PARENT SIGNATURE (if applicable): _____

Please return this application to: *Music Department/CCA, 1454 N. Gulf Avenue, Crystal River, FL 34429, ATTN: Nancy Bertine* or **hand deliver to Gulf To Lake Church.** You will be contacted as soon as possible for your tuition discount, if applicable.

Gulf To Lake Church Music Department
1454 N. Gulf Avenue * Crystal River, FL 34429
352-795-2222