



**SLHS Choral Department Spring Trip 2016– Walt Disney World
Scholarship Application
April 20, 2016 - April 24, 2016**

**Allison Scheler Honorary Scholarship Application Spring Trip
2016
(STRICTLY CONFIDENTIAL)**

STUDENT NAME: _____ **YEAR** _____
PARENT/GUARDIAN NAME: _____
HOME PHONE #: _____
PARENT PHONE #: _____ / **CELL#** _____
PARENT/S EMAIL: _____

1. Please provide names of three fundraisers you have/will participate in during the year to help the PCA raise \$

A.

B.

C.

2. Briefly explain below your financial need which requires assistance.
(This information will be kept in strictest confidence).

3. For a Spring Trip Scholarship: Please have your student write a brief paragraph describing why she/he deserves to receive a scholarship for this year's trip. **Attach the paragraph to this application when you submit your request.**
4. Payment due at time of application is **\$100.00**.
5. Please include Student scholarship travel contract and Artistic Ambassadors individual passenger contract information form with the application

Thank you for making an application for a PCA Allison Scheler Honorary Scholarship.

The PCA Chorus Boosters try to assist as many students as possible each year to meet their financial obligations to the Choir. Please return this form directly to Mrs. Gigliotti in the Chorus Room, or mail it to the address listed below. You will be notified by telephone and/or e-mail when a decision has been made. First received, first considered!

**Parents of Choral Arts - 501.3c Tax Exempt Organization
c/o SLHS Choral Department 11400 South Lakes Drive Reston, VA 20191**



SLHS Choral Department Spring Trip 2016– Walt Disney World

Student Scholarship Travel Contract

April 20, 2016 - April 24, 2016

Student Name: _____ Date of Birth: _____ Grade: _____

Please list the name of the adult(s) financially responsible for the fulfillment of this contract:

1. _____ 2. _____

Phone: _____ Phone: _____

Email Contact: _____

Payment plan (Based on Quad Occupancy for Students)

Payment Plan
\$100 Deposit (Payment 1): September 23, 2015
\$150 Payment 2: October 23, 2015
\$150: Payment 3: November 20, 2015
\$50: Payment 4: December 16, 2015
\$100: Payment 5: January 22, 2016
\$150: Payment 6: February 19, 2016
Remaining Balance (\$50 -100) (Payment 4): March 18, 2016
<i>*Please note only Scrip rebates can be used to offset your payments</i>

Checks payable to SLHS.

Please initial (student and adult) beside the following statements to indicate you understand and agree to the terms.

Parent | Student

_____|_____| The deposit due on September 23, 2015, and the additional payments made thereafter are **NON-REFUNDABLE**. The deposit will only be accepted if you are in good financial standing for all choir fees. *If you are unable to travel for any reason, you will be obligated to pay the **TOTAL COST** of the trip (whether all payments have been made or not) and you are not entitled to a refund. Each person traveling is expected to fulfill the financial terms of this contract regardless of the reason for withdrawal. **Travel cancellation insurance will be available as an option for purchase at an additional cost.***

_____|_____| I understand this trip is a privilege and that students are expected to fulfill all requirements and responsibilities of the music program. If a student does not fulfill course requirements and meet behavioral expectations, they may be dismissed from participation on this trip and will be required to fulfill the complete financial obligations listed above.

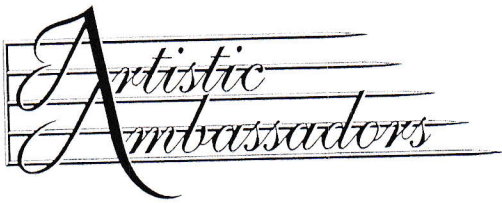
_____|_____| The dates for this trip are April 20, 2016 – April 24, 2016

_____|_____| *Should there not be enough students to meet the minimum number required for the trip, money will be fully refunded.

Parent/Guardian Signature

Student Signature

**This form must have all lines initialed and all signatures to be considered valid.*



SOUTH LAKES HIGH SCHOOL
ORLANDO, FL
APRIL 20, 2016 - APRIL 24, 2016

INDIVIDUAL PASSENGER CONTACT INFORMATION FORM

Please print and complete this form and return it to your group tour leader.

NAME: _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TEL: _____ WORK TEL: _____

CITIZENSHIP: USA OTHER: _____

TRAVEL INSURANCE APPLICATION NEEDED: YES NO

=====

NAME OF RELATIVE OR FRIEND NOT TRAVELING WITH YOU:

AREA CODE AND TELEPHONE: _____ EMAIL: _____

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NOTICE AND CONTRACT OF RELEASE AND ASSUMPTION OF RISK

Classic Travel And Tours LLC/Artistic Ambassadors acts as an agent for suppliers in selling travel and/or arranging services that are not directly supplied by Classic Travel And Tours LLC/Artistic Ambassadors. Classic Travel And Tours LLC/Artistic Ambassadors shall not be responsible for breach of contract, errors or omissions on the part of suppliers. This agency will not be responsible for injuries, damages, or losses that result from criminal acts, terrorism, strikes, mechanical or construction failures, weather, local laws or health conditions and/or any abnormal situations outside of Classic Travel And Tours LLC/Artistic Ambassadors' control. It is the traveler's responsibility to assume the risks of travel and for passport, vaccination, visa, and entry requirements. Optional travel insurance is available and is recommended. As consideration of and as part of the payment for the right to participate in this tour, I agree to hold Classic Travel And Tours LLC/Artistic Ambassadors harmless and to release it from liability as well as its agents, employees, officers, directors, and affiliated companies or subcontractors for any and all actions, debts, suits, claims, and demands of any kind in connection with my participation in this tour either now or in the future. This agreement serves as a release and assumption of risk for myself, my family, and my heirs. I have read and understand this notice and contract.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____
(PARENT/S OR LEGAL GUARDIAN/S IF TRAVELER IS UNDER EIGHTEEN (18) YEARS)



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Student Information

April 20, 2016 - April 24, 2016

Student Information – Quick Reference

Name _____

Student Cell Phone Number _____

Student Email: _____

Student T-shirt size XS S M L XL XXL XXXL

Immediate Emergency Contact

Name _____

Cell Phone _____

Special Requests:

List Any Food Allergies: _____

Vegetarian, Vegan, or other: _____

Gluten Free? Yes No

Do you carry an EPIPEN Y or N

Do you carry an Inhaler Y or N