

# Orange County School of the Arts 2019-2020 Parent Funding Agreement

A. STUDENT / PARENT INFORMATION	
Student Name:	
2019-2020 Grade Level:	2019-2020 Conservatory:
Parent/Guardian Name 1:	Parent/Guardian Name 2:
Employer 1:	Employer 2:
Position 1:	Position 2:
My employer has a Matching Gifts Program <input type="checkbox"/>	My employer has a Matching Gifts Program <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	My cash contributions and fund raising activities will be recognized by listing my name in various publications throughout the year. I would like to be recognized as:
<input type="checkbox"/> Yes <input type="checkbox"/> No	My family currently qualifies for the Federal Free and Reduced Lunch Program (FRLP). A completed FRLP application will be returned with this form.

B. CONSERVATORY CASH CONTRIBUTION - All cash contributions are tax-deductible and non-refundable. PLEASE CIRCLE ONE			
<b>Acting (ACT)</b> \$4,400 (7-8)      \$4,950 (9-12)	<b>Ballet Folklorico (BF)</b> \$4,300 (7-8)      \$4,650 (9-12)	<b>Ballroom Dance (BD)</b> \$4,300 (7-8)      \$4,650 (9-12)	<b>Classical/Cont. Dance (CCD)</b> \$4,750 (7-8)      \$4,750 (9-12)
<b>Classical Voice (CV)</b> \$4,500 (7-8)      \$4,950 (9-12)	<b>Commercial Dance (CMD)</b> \$4,200 (7-8)      \$4,550 (9-12)	<b>Creative Writing (CW)</b> \$4,850 (9-12)	<b>Culinary Arts/Hospitality (CA)</b> \$4,850 (9-12)
<b>Digital Media (DM)</b> \$4,850 (9-12)	<b>Film &amp; TV (FTV)</b> \$4,850 (9-12)	<b>Integrated Arts (IA)</b> \$4,200 (7-8)      \$4,650 (9-12)	<b>Musical Theatre (MT)</b> \$4,400 (7-8)      \$4,950 (9-12)
<b>Production &amp; Design (PD)</b> \$4,300 (7-8)      \$4,650 (9-12)	<b>Visual Arts (VA)</b> \$4,500 (7-8)      \$4,850 (9-12)	<b>Instrumental Music: Commercial Music, Guitar, Jazz, Orchestra, Piano, Winds</b> \$4,750 (7-8)      \$4,750 (9-12)	
I will make a cash contribution toward my child's arts conservatory in the amount of:			\$
I will make an additional cash contribution toward my child's conservatory in the amount of:			\$
I will make a cash contribution to the OCSA Foundation to support additional instructional initiatives: <i>suggested donation \$100.</i>			\$
My employer will match my <u>personal</u> cash contribution with a donation of: It is my responsibility to provide my company's matching gift information with my payment(s) as indicated in the payment plan selected below. Matching gift information is available from your company's HR department or employer website.			\$
<b>SUB TOTAL CASH CONTRIBUTIONS:</b>			\$
Choose one of the following payment plans:			
<input type="checkbox"/> A <b>one-time payment</b> in the amount of \$ _____ will be made starting July 1, 2019 or _____.			
<input type="checkbox"/> <b>Three</b> quarterly payments in the amount of \$ _____ will be made by July 1, 2019, Oct. 1, 2019, and January 1, 2020.			
<input type="checkbox"/> <b>Ten</b> monthly installment payments of \$ _____ will be made each month starting July 1, 2019 and ending April 1, 2020.			

C. FUND RAISING OPPORTUNITY – Advertising materials will be distributed to students by June 1 <sup>st</sup> . Any balances not satisfied within 30 days of the due date will be converted to a cash pledge.	
I will sell and/or purchase program advertising in the amount of (\$125 minimum pledge):	\$
<b>TOTAL CONTRIBUTION: CASH + FUND RAISING B + C</b>	

D. PAYMENT METHOD / ACCOUNT INFORMATION – Please select one	
<input type="checkbox"/>	I request to be invoiced and will fulfill my cash contribution according to the payment plan selected in Section B.
<input type="checkbox"/>	I authorize OCSA to charge and/or debit my credit/bank card or checking account according to the payment plan selected in Section B. Charge/Debit my card or checking account for future pledge payments on the <u>1<sup>st</sup></u> or the <u>15<sup>th</sup></u> of the month. (circle one) <b>Default date is the 1<sup>st</sup></b>
Payment type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Direct Debit <input type="checkbox"/> Check   Please make checks payable to OCSA	
Card number:	Expiration date: (MM/DD/YY)
Direct Debit: Attach voided check or complete the following	
Bank name:	Account number:      Routing number:
Print name on card:	Signature:

Please initial each of the following three items and sign:

\_\_\_\_\_ I understand that my student's arts conservatory program is not funded by the State of California and that conservatory budgets are based solely on parent commitments of cash donations and fund-raising activities.

\_\_\_\_\_ I understand all cash donations are tax-deductible as provided by law. Consult your tax advisor for specific tax advice.

\_\_\_\_\_ I understand my commitment is voluntary and not required for my child to participate in any conservatory or academic programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_