



Request for Reduced or Waived Fees 2023-2024

Name of Student:		
Department:		
□ Dance□ Instrumental Music	☐ Musical Theatre☐ Theatre & Film	□ Visual Arts□ Vocal Music
Guardian Information:		
Name:	Relationship to Student:	
Address:		
Email:	Phone: ()	
	reduction or waiver of student fees	
Number of people in household	l:	
Household Income:		y □annual
Signature:	Da	ate:
All requests are treated confiden	tially.	
-	SA by email to Kristen.Outlaw-Hartm fax at (757) 451-4715	an@GSArts.net or