



# FALL 2025 • PAYMENT PLAN

*Youth Symphony*

**\*\*\*CONFIDENTIAL\*\*\***

All members will be eligible for need-based financial aid. No student accepted into the ASYO will be excluded from the program because of financial need. **All members that receive tuition assistance of any kind are expected to maintain excellent attendance and participate for the full year.**

**Payment Plan applications should be submitted by Friday, September 26, 2025 for full consideration.** All information provided by applicants will be maintained in a confidential manner. Misrepresentation of information or circumstances may result in an immediate withdrawal of any tuition assistance reward.

\_\_\_\_\_  
Name of Applicant (*Student*)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Parent(s)/Guardian(s) Employer 1

\_\_\_\_\_  
Parent(s)/Guardian(s) Cell Number

\_\_\_\_\_  
Parent(s)/Guardian(s) Employer 2

**A minimum deposit of \$30.00 is required.** Make checks/money orders payable to **Amarillo Symphony.**

**Date:** \_\_\_\_\_

**Amount paid TODAY: \$**\_\_\_\_\_

**Tuition for the Fall 2025 semester is \$175.** Please share your need for a payment plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Use the back of this page, if necessary.)*

**Schedule your payments:**

**Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

***By submitting this application, you certify all the information provided is true and correct.  
The Amarillo Symphony promises to keep the information provided in this application confidential.***

**Mail (with payment) to:**

Amarillo Symphony, c/o Irma-Esther Borup • 301 S. Polk St., #700 • Amarillo, TX 79101