

SCHOLARSHIP APPLICATION



Application Deadline is July 31

Directions to complete this scholarship form (please print):

- This form must be accurately completed by a parent/guardian.
- **Proof of income must be presented with the completed application. Please provide a copy of your school district free/reduced lunch award letter or proof of household income.***
- Incomplete applications will be ineligible for consideration.

Office Use Only

Approved: _____

Letter sent (date): _____

Adj Pmt Schedule sent (date): _____

Denied: _____

Letter sent (date): _____

By: _____

Executive Board President

Please note:

- Only a limited number of partial, need-based tuition scholarships are available.
- Scholarships will be awarded by August 15.
- Recipients of awards will receive an adjusted payment schedule immediately.
- Scholarship recipients will be required to volunteer an additional 10 or 20 hours depending on the award amount.

Chorister Name _____ Choir _____ Grade entering in the fall _____

Please list all sources and **GROSS MONTHLY** amount of income.

Father/Guardian's Income	\$ _____
Mother/Guardian's Income	\$ _____
Child Support	\$ _____
School Financial Aid/Award letter	\$ _____
Unemployment	\$ _____
Other type of verifiable assistance (AFS)	\$ _____
Food stamp award amount	\$ _____
TOTAL	\$ _____

Father/Guardian Name: _____ Home phone: _____ Cell: _____

Address _____ zip _____ Employer: _____ Work Phone: _____

Mother/Guardian Name: _____ Home phone: _____ Cell: _____

Address _____ zip _____ Employer: _____ Work Phone: _____

List dependents living in your household: Adults: _____ Children: _____

Name: _____ Grade/School: _____ Name: _____ Grade/School: _____

Name: _____ Grade/School: _____ Name: _____ Grade/School: _____

If you receive one of the following, please indicate which one and provide the award letter.

- Free School Lunches= ½ tuition waiver
- Reduced School Lunches = ¼ tuition waiver

I certify that the information submitted is complete and accurate to the best of my knowledge. I authorize the Oregon Children's Choir to have access to any records, public or private, including employer, which will substantiate, verify or refute the information contained in this application.

Signature of Parent/Guardian

***SUPPORTING DOCUMENTATION OF FINANCIAL NEED MUST BE SUBMITTED WITH THIS APPLICATION**