

THE FOX VALLEY YOUTH SYMPHONY ORCHESTRAS

420 W. Downer Pl. Aurora, IL. 60506

2010-11 Season

SCHOLARSHIP APPLICATION

This application must be completed and returned to the FVYSO office by Aug 1, 2010. Failure to answer any portion of this form **or failure to provide necessary proof of income: your 2009 tax return or w-2's, free and reduced lunch qualifying notice, or failure to provide your signature, will disqualify applicant from consideration.** Scholarships are for partial tuition only and are allocated based upon financial need and availability of scholarship funds. All scholarship recipients will provide volunteer hours to cover the scholarship awarded. All information will be kept in strictest confidence.

1. Student's name: _____

Instrument: _____ Grade in Fall 2010 _____

Ensemble - circle all that apply: FVYSO - FVAO - FLUTES - YOUTH STRINGS

2. Father/Guardian: _____ Employer: _____

Title/Occupation: _____

3. Mother/Guardian: _____ Employer: _____

Title/Occupation: _____

4. Parent's marital status (circle one): Married Separated Divorced Widowed Other

5. Total monthly income: Father _____ Mother _____ Attach all proof of income (pay stub, w-2's, tax return, free and reduced lunch program acceptance letter, etc.

6. Total monthly expenses (housing, utilities, etc.): _____

7. Please give number & ages of all other children and family dependents:

8. Please list make and year of all family automobiles: _____

9. What portion of the tuition, if any, can you pay? \$ _____

10. Is your child/musician presently receiving private lessons?

11. Please describe any special or unusual circumstances not covered in the above questions that affect your ability to pay the full tuition:

(Continue on the back if necessary.)

I certify that the above information is complete and correct.

Signature of Parent/Guardian

Please print your name

DATE

ADDRESS: _____ PHONE: _____