

Youth Orchestra of Greater Columbus
Financial Aid Scholarship Application, page one

Section 1. Please select only one program:

- String Orchestra
- Youth Orchestra
- Private Lessons
- Summer String Camp

Student's Instrument _____

Student's School _____

Student's Private Teacher (if applicable) _____

Section 2. To be completed by the applicant(s):

Student's Name: _____ Parent's Name: _____

Daytime Phone: _____ Evening Phone: _____

Mailing Address: _____

Email: _____

Section 3. Instructions:

It is the policy of the Youth Orchestra of Greater Columbus to provide financial aid, to the extent that our limited resources allow, for applicants who are truly in need. Before applying for financial aid, please consider carefully your family's spending priorities and your child's dedication to the program. Thank you.

- 1: Please note the return date requested in section 1 above.
- 2: Complete section 2 above.
- 3: Complete in full AND SIGN page two of this application.

Financial Aid Committee
Youth Orchestra of Greater Columbus
P. O. Box 8612
Columbus, GA 31908

or email to serdman@yogc.org

The Youth Orchestra of Greater Columbus assures that the information requested will be held in confidence. Your application, if properly addressed as indicated above, will be forwarded unopened by the Youth Orchestra of Greater Columbus office to the Financial Aid Committee. Page two of this application will be reviewed only by the Financial Aid Committee. This committee will consist of three to four members of the YOGC Board of Directors, each of whom has agreed to hold all information submitted in the utmost confidence. Page two of this application will be shredded after processing, or will be returned to you if you provide a stamped, self addressed envelope for that purpose.

**If this application is for a private lesson scholarship, please also include a brief letter from the student about their desire to study with a private teacher and what they hope to accomplish. Thank you.

Financial Aid Application, page two

All information requested must be provided in full. We regret that we cannot process incomplete applications. If you wish to do so, please state on the back of this sheet any special circumstances which you feel should be considered.

**APPLICANT
INFORMATION:**

APPLICANT'S NAME	DATE
PROGRAM	PROGRAM FEE
WE ARE APPLYING FOR AID IN THE AMOUNT OF _____	

**FAMILY
INFORMATION:**

LIST NAMES AND AGES OF DEPENDENTS, AND DEGREE OF DEPENDENCY (E.G. "FULL", "HALF", etc.)

IF YOU RECEIVE CHILD SUPPORT PAYMENTS, PLEASE PROVIDE INFORMATION HERE: _____

INDICATE ALL FINANCIAL AID PROGRAMS FOR WHICH YOU PRESENTLY QUALIFY:

__ TANF	__ WIC	__ SS DISABILITY	
__ SCHOOL LUNCH	__ SSI	__ OTHER	
__ FOOD STAMPS	__ FOSTER PARENTS		

**MOTHER OR
GUARDIAN
INFORMATION:**

NAME	RELATIONSHIP TO APPLICANT
AGE	EMPLOYER
OCCUPATION AND/OR TITLE	EMPLOYER STREET ADDRESS
WORK TELEPHONE NUMBER	EMPLOYER CITY, STATE, ZIP
EARNINGS THIS YEAR <i>(include pension, disability, or unemployment)</i>	EARNINGS LAST YEAR <i>(include pension, disability, or unemployment)</i>
*What amount of this year's earnings were received from a pension, disability, or unemployment compensation? \$ _____	

**FATHER OR
GUARDIAN
INFORMATION:**

NAME	RELATIONSHIP TO APPLICANT
AGE	EMPLOYER
OCCUPATION AND/OR TITLE	EMPLOYER STREET ADDRESS
WORK TELEPHONE NUMBER	EMPLOYER CITY, STATE, ZIP
EARNINGS THIS YEAR <i>(include pension, disability, or unemployment)</i>	EARNINGS LAST YEAR <i>(include pension, disability, or unemployment)</i>
*What amount of this year's earnings were received from a pension, disability, or unemployment compensation? \$ _____	

**SIGNATURE(S)
OF PARENT(S)**

I (WE) HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TO THE BEST OF MY (OUR) ABILITY, AND I (WE) BELIEVE THEM TO BE CORRECT.