

**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 [khenry@yogc.org](mailto:khenry@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  
(include pension, disability, or unemployment)

\_\_\_\_\_  
EARNINGS LAST YEAR  
(include pension, disability, or unemployment)

\*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  
(include pension, disability, or unemployment)

\_\_\_\_\_  
EARNINGS LAST YEAR  
(include pension, disability, or unemployment)

\*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.