

Tallahassee Youth Orchestras
Scholarship Application

Name of Student/Age _____ Parent or Guardian _____

Address _____

Home Phone _____ Cell Phone _____ School Attending _____

Grade Level _____ Instrument _____ Private Teacher _____

Summarize your musical training prior to this year; include private lessons. _____

Summarize your reasons for applying for a partial scholarship. _____



tallahassee
youth
orchestras

Do you have siblings who are receiving musical instruction? _____

If yes, describe the instruction here:

OPTIONAL information which you feel might help the Scholarship Committee better understand your request for a partial scholarship. (This information is not required in order to submit the application.)

Family Income _____ Number of siblings _____

Are you on free/reduced lunch at your school? _____

Both student and parent/guardian must sign below indicating their acceptance of all rules regulations, policies, including attendance at all practices, etc. Signatures indicate an understanding that the scholarship will be withdrawn with notice if it is determined that the student is not reasonably complying with expectations.

Student signature _____ Date _____

Parent/guardian signature _____ Date _____

Application submitted on this date _____

