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

Section 1. I	Please select only one program:				
_	ing Orchestra uth Orchestra	Student's Instrument			
_	vate Lessons nmer String Camp	Student's School			
	<i>S I</i>	Student's Private Teacher (if applicable)			
Section 2. T	To be completed by the applicant(s):				
Student's Na	nme:	Parent's Name:			
Daytime Phone:		Evening Phone:			
Mailing Add	lress:				
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

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 PROGRAM PROGRAM FEE		Б	DATE WE ARE APPLYING FOR AID IN THE AMOUNT OF			
INFORWATION:			PROGRAM FEE				
FAMILY INFORMATION:	LIST NAMES AND AGES OF DEPENDENTS, AND DEGREE OF DEPENDENCY (E.G. "FULL", "HALF", etc.)						
F YOU RECEIVE CHILD SUPF	PORT	INDICATE	ALL FINANCIAL	AID PRC	GRAMS FOR	WHICH YOU PRESENTLY QUALIFY:	
PAYMENTS, PLEASE PROVIDI	Е	TANF	_	WIC		SS DISABILITY	
NFORMATION HERE:		_ SCHOOL L		SSI FOSTI	ER PARENTS	_ OTHER	
		_	_	_			
MOTHER OR GUARDIAN	NAME			_	RELATION	SHIP TO APPLICANT	
NFORMATION:	AGE			_	EMPLOYE	3	
	OCCUPATION AND/OR TITLE			EMPLOYER STREET ADDRESS			
	WORK TELEPHONE NUMBER			_	EMPLOYER CITY, STATE, ZIP		
	WORK TELE	FIIONE NOMBER	· ·			(), 51112, 211	
	EARNINGS T	THIS YEAR on, disability, or un	employment)	rom a per	EARNINGS (include pen	LAST YEAR sion, disability, or unemployment) , or unemployment compensation? \$	
FATHER OR GUARDIAN	EARNINGS T	THIS YEAR on, disability, or un	employment)		EARNINGS (include pen	LAST YEAR sion, disability, or unemployment)	
GUARDIAN	EARNINGS To (include pension *What amoun	THIS YEAR on, disability, or un	employment)	rom a per	EARNINGS (include pen	LAST YEAR sion, disability, or unemployment) , or unemployment compensation? \$ SHIP TO APPLICANT	
	EARNINGS To (include pension *What amount NAME	THIS YEAR on, disability, or un	employment)		EARNINGS (include pen nsion, disability RELATION EMPLOYER	LAST YEAR sion, disability, or unemployment) , or unemployment compensation? \$ SHIP TO APPLICANT	
GUARDIAN	EARNINGS To (include pension *What amount *What amount *What amount *AGE AGE OCCUPATION	THIS YEAR on, disability, or under the of this year's earn	employment) ings were received f		EARNINGS (include pen nsion, disability RELATION EMPLOYER EMPLOYER	LAST YEAR sion, disability, or unemployment) , or unemployment compensation? \$ SHIP TO APPLICANT	

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.