

**THE OZARKS PHILHARMONIC YOUTH ORCHESTRAS
SCHOLARSHIP APPLICATION FORM**

Student Name _____

Instrument _____ Ensemble: Andante Presto YSO

Name of financially responsible parent or guardian _____

Phones: Home _____ Mobile _____

Address _____

Amount of Aid Requested \$ _____ Total Gross Annual Family Income (All Sources) \$ _____

Number of persons in household _____

A limited amount of aid is available and will be granted according to need and availability of funds. Financial aid covers one concert season however it is distributed on a semester basis per availability of funds.

Students and parents understand and accept responsibility to:

1. Pay the portion of tuition not covered by the financial aid by the end of the first month of aid approval date.
2. Volunteer to help with logistics, events, rehearsals, etc. throughout the year.
3. Participate in the "Business Sponsorship" program to help offset tuition costs.

These documents must be submitted with this application:

1. A copy of parents' most recent IRS Form 1040 (pages 1 & 2. Please black out all SSN).
2. Letter of Recommendation from musician's teacher, either private or ensemble.

Student signature _____
Date

Financially responsible parent/guardian signature _____
Date

Please bring the completed forms and letter of recommendation to rehearsal before the deadline or email the completed packet to youthorchestras@gmail.com.

For Office Use Only

Date received _____

Amount Approved \$ _____ Date _____