

OFFICE: _____

FOX VALLEY *Academy of Music Performance* - 420 W. Downer Pl. Aurora, IL 60506

SCHOLARSHIP APPLICATION

This application must be completed and returned to the FVAMP office by October 1st of the current season. Please answer all portions and provide necessary signature for consideration. Scholarships are for partial tuition only and are allocated based upon financial need and available funds. All scholarship recipients will provide volunteer hours to cover the scholarship awarded. All information is kept in strictest confidence.

1. Student's name: _____

Instrument: _____ Grade in Fall _____

Ensemble - circle one: FV YOUTH STRINGS - FV ACADEMY ORCHESTRA

2. Father/Guardian: _____ Employer: _____

Title/Occupation: _____

3. Mother/Guardian: _____ Employer: _____

Title/Occupation: _____

4. Parent's marital status (circle one): Married Separated Divorced Widowed Other

5. Total monthly income: Father _____ Mother _____

6. Total monthly expenses (housing, utilities, etc.): _____

7. Please give number & ages of all other children and family dependents:

8. Please list make and year of all family automobiles: _____

9. What portion of the tuition, if any, can you pay? \$_____

10. Is the ensemble member presently receiving private lessons?

11. Please describe any special or unusual circumstances not covered in the above questions that affect your ability to pay the full tuition:

(Continue on the back if necessary.)

I certify that the above information is complete and correct and I have attached proof of income (most recent tax return, w-2's, free and reduced lunch letter, etc).

Signature of Parent/Guardian

Please print your name

DATE: _____