

Civic Youth Orchestra Scholarship Application 2011-2012

Date Rec'd: _____
Comm Review: _____
Ensemble: _____

Please the fully completed application and necessary documentation to:
Civic Youth Orchestra, Inc, PO Box 2170, San Marcos CA 92079

PLEASE PRINT CLEARLY. Incomplete applications and applications without documentation will not be processed.

			Date:
Last Name:	First Name:	M.I.	
Address:	City:	Zip:	
Student Email:	Student Phone:		
Date of Birth: / /	Grade in 2009-10:	Siblings in CYO Yes / No:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity (optional): <input type="checkbox"/> Asian <input type="checkbox"/> African <input type="checkbox"/> American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:	
Primary Instrument:	Total Years of Study:		
Secondary Instrument:	Total Years of Study:		
Mother/Guardian Information			
Last Name:		First Name:	
Home Phone:	Cell Phone:	Email:	
Employer:	Occupation:	Work Phone:	
Father/Guardian Information			
Last Name:		First Name:	
Home Phone:	Cell Phone:	Email:	
Employer:	Occupation:	Work Phone:	
Combined Annual Income of both parents: If only one parent filing the application, please explain the circumstance below*.			
\$			
Student Employer (if any):			
Full Time or Part Time:		Annual Student Income:	
Use of this Income:		Do you support dependants?	
If yes, please explain:			
Are there any circumstances that you would like us to know about? (Add additional pages if needed)			
How much are you requesting? \$			
What Ensembles are your children in?			

Required Documentation: Note: All information is held confidential Please submit a copy of your recent signed federal tax return. Please only submit the first two pages showing net adjusted income. (The first 2 pages of the 1040 will be sufficient. However, additional documentation and/or 3rd party verification may be required.)

Federal Lunch/School Program Documentation:

All questions MUST be answered for application to be considered.

Parent Signature _____ Date _____

For Committee Use Only:
Grant Year: _____
Approved Amount: \$ _____